MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH Item 8 Film G268 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY Page b. COUNTY 2, and 3 to the funeral director. Pag Wicomico Maryland MARYLAND Wicomico b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neeres! lown) Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Boar d. STREET ADDRESS . IS RESIDENCE ON A FARM? Piriusula Go eral Hosp tal YES NO NO 3. NAME OF 4. DATE Month DECEASED the OF 5 may be rend 2 with the (Type or print) DEATH 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH 2, 1874 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. lest birthdey) Months Hours Min. 4 hours after Pages 1, 2, an Q "yis. 10e. USUAL OCCUPATION (Give kind of work PM3. Page 5 pages 1 and 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland

14. MOTHER'S MAIDEN NAME within 13. FATHER'S NAME 8. Give TT 7- 1177 event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) in pencil in Item 1 Office along with burial-fransit permi 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN .= Fracture Lt. Jenus. PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) This certificate should be removal, DUE TO geve rise to immediate cause 10 DUE TO (e), steting the underlying Examiner 5 cause lest. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) CERTIFICATION 19. WAS AUTOPSY PERFORMED? 99 ease execute the certificate, writing the word Medical R NO M 201. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS Page 3 sho PRIMARY | or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. home 3 1 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, ferm, 1 20c. TIME OF INJURY Month, Day, Year Not While 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While should be forwarded to the FUNERAL DIRECTOR: Pa et work et work UNOW Hill prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion designated agent, death resulted from: Natural causes Accident Y Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) DE 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 9 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 DATE JUN 5 Cirtina S. Thous

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SALISBURY MARYLAND

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director funeral filled certificate that physician.

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**CERTIFICATE OF DEATH** 6182

Reg. Dist. No.

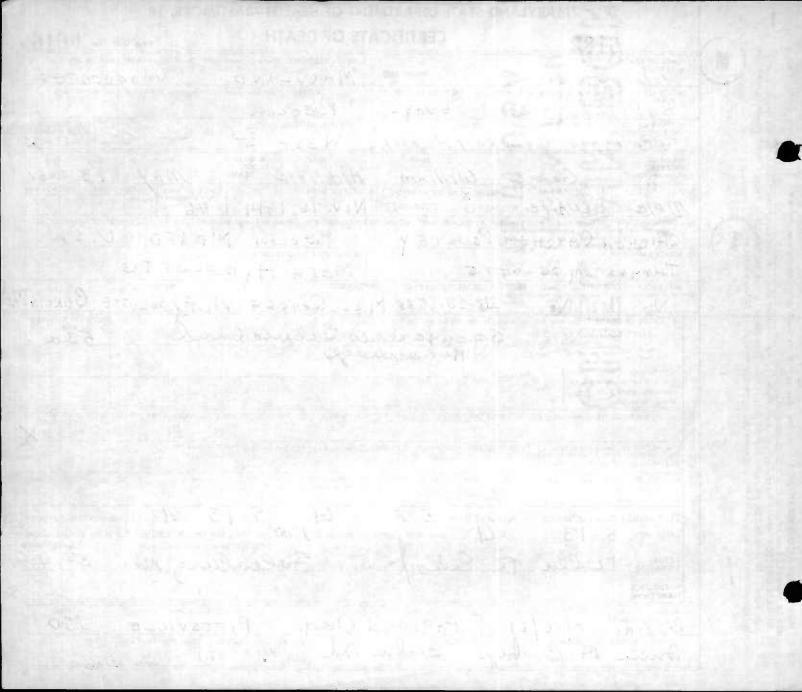
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	. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
4	- COUNTY COMICS	MARYLAND	MARVLAND 6. COUNTY VORCESTER
1	b. CITY OR TOWN (If outside carparate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
	RURAL and give nearest tawn)  SAI'S BURY	6 DAVS	BERLIN
	d. NAME OF HOSPITAL (If not in haspital, give street	address)	d. STREET ADDRESS e. IS RESIDENCE
	Peninsula Gener	A / Hospital	WEST ST Q3 X ON A FARM?
	NAME OF First	Middle	Last 4. DATE Manth Day Year
1	OECEASED (Type or print) George	William	Ardelotte DEATH MAY 13 1961
	5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS.
	MA/e white widows	DIVORCED	Nov. 16, 1914 Haurs Min.
	Oa. USUAL OCCUPATION (Give kind of work dane 10b. dyring most of working life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State ar foreign country)  12. CITIZEN OF WHAT COUNTRY?
	CHICKEN PATCHER	CULTRY	BERLIN MORFO U.SA
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	THOMAS HYDELOTT	5	META HYDELOILG
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown)   (If yes, give war ar dates of service)	SOCIAL SECURITY NO.	INFORMANT Address
	No No 2	3-20-6588 N	IRS GEORGE W. AYDELOTTE PERLINIT
	18. CAUSE OF DEATH [Enter anly ane cause per lin	ie far (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	gongares	us suboladinoid 5da.
1	330 X DUE TO	Hemani	rage
	Canditians, if any, which (b)(b)		
1	cause (a), stating the under-		
	lying cause last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	20- ACCIDENT WAS INDESTRUCED TO LOOK DESCRIPTION	COURT HOW IN HURY OCCUPAN	YES NO
1	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	KIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I or Part II of item 18.)
1	20c. TIME OF INJURY Manth, Day, Year 20d. IN		ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State)
	20c. TIME OF INJURY Manth, Day, Year 20d. In Haur a. m. While p. m. 19 at warl	IAOI MIIIE	ctary, street, affice bldg., etc.)
1	21. I certify that I attended the decease	ed fram. 5 · 8	1961, to 5-13, 1961, that I last saw the deceased
d	alive an 5 - 13 . 196	1	accurred at 1.15PM, from the causes and an the date stated abave.
		-	ADDRESS (Street, city or town, state) DATE SIGNED
	ACTUAL SIGNATURE CONCLER TO	· Elle site	MD Soles Jun Md. 5-14-61
		1	
	PHYSICIAN'S NAME (Type)		
	20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	
	13URIAL 5/16/61	PARSON.	SCEM. PITTSVILLE MD.
1	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ()	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Thua T. July	- journ	MAY 1 6 61

may be retained by the haspital or othending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, to FUNERAL DIRECTOR: After this certificate has been signed by the attended or physician and compared the filled with the property of the pr OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 page 3 should be detached for use as the burial-transit permit. Then please remove corbom-appers. the registrar priar to burial, cremation, or remayal, and in any event within 72 hours offer death. TO HOSP VS A15 (4) 15M 9/58

ofter death. Page 4



is net.
I director. P.
Your files. Boar State to the the with ge 5 may k and 2 with 72 hours a and 966 ages File pages 1 ۵ with form permit. File ing" in pencil in Item 18 ar's Office along with fast a burial-transit permit removal, and in any e "pending" lease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as r its designated agent, prior to burial, cremation, or r. DEPUTY MEDICAL 0 E40 9

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) . COUNTY a. STATE b. COUNTY MARYLAND BARK Delaware b. CITY OR TOWN (if ourside corporate im c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give-peerest town) write RURAL and give nearest town) Saliabury
d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? General Hospital YES NO Peninsula Month Day Your DECEASED OF (Type or print) DEATH 19 6. COLOR OR RACET 7. MARRIED NEVER MARRIED 8. DATE 5. SEX DATE OF BIRTH AGE (In years IF UNDER 24 HRS. last birthday) Months | Days Hours WIDOWED DIVORCED BIRTHPLACE (Steta or foreign country) USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) CO MOTHER'S MAIDEN NAME IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address yes give war or dates of service - 1960 226-24-422 3 18/ CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage days DUE TO Conditions, if eny, which (b) Fracture of skull daysgove rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO PY 20a. EXTERNAL CAUSE WAS PRIMARED or CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Pert II of item 18.) CAUSE OF DEATH. Driver of that iver of car that ran off
2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, Farm, road. 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While et work at work Frankfort Sussex Del p.P. M Highway 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry to Inspection y and in my opinion death resulted from: Natural causes Accident y Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Royer EXAMINER'S NAME (Type) Address (Street, city, town, or county) isbury 22a, BURIAL, CREMATION. 22d. LOCATION (City, town, or country (State) REMOVAL (Specify) 24b. REGISTRAR'S SIGNATURE 24e. REC'D BY REGISTRAR VS. AISME Clithur S. Thous DATE MAY 18 Selbyville,

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24b. REGISTRAR'S SIGNATURE

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VS A15 (4) 15M 9/58

FUNERAL DIRECTOR'S SIGNATURE

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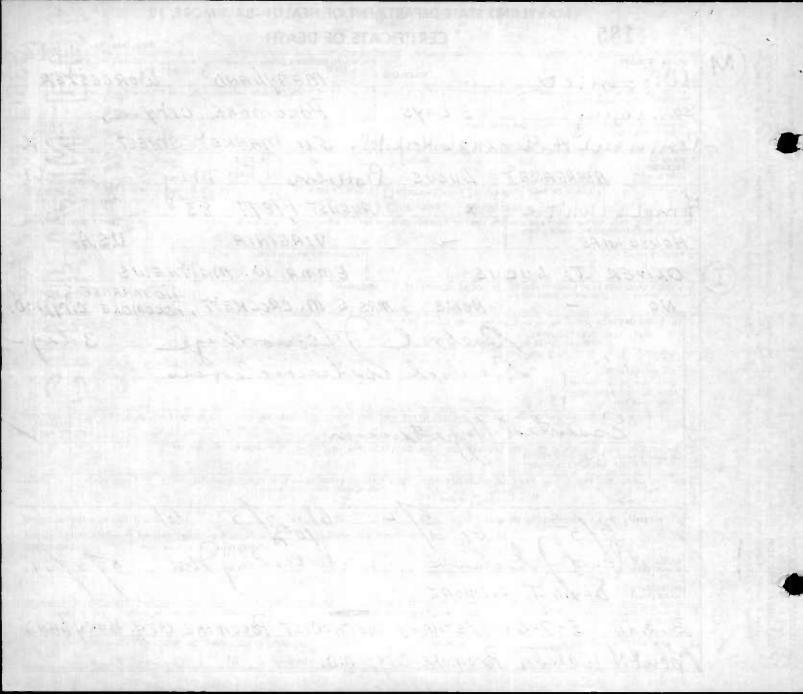
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VS A15 (4)

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EMNERAL DIRECTOR'S SIGNATURE



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after death. Page 4

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### **CERTIFICATE OF DEATH**

Reg. Dist. No. U6173

1.	PLACE OF DEATH o. COUNTY	Wicomic	0		MARYLAND	2. USUAL RES Maryl	and	ere deceased	lived. If instituti	on: Reside	nce before	odmissi	on)
	RURAL and give ne	f outside corporate limi carest town)  Haven	ts, write	c. LENGTH O	F STAY IN 16	c. CITY OR Orio		utside corpor	ote limits, write R	URAL ond	give near	est town)	2
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, g	sive street (	oddress)		d. STREET	ADDRESS				е.	ON A	FARM?
3.	NAME OF DECEASED (Type or print)	Sarah	st	R.	Middle Bozma	n	est	4. DATE OF DEATH	May 1		Day		eor 9 <b>61</b>
5.	fomalo	6. COLOR OR RACE White	7. MARR	IED NEVER	MARRIED [	B. DATE OF BIRT			9. AGE (In years lost birthdoy) 85 yrs.	Months	Days	F UNDER Hours	R 24 HRS. Min.
10	Oo. USUAL OCCUPATION during most of wark	ON (Give kind of work of ing life, even if retired	done 10b.	KIND OF BUSI	NESS OR IND		ACE (Stote of		untry)		S.A		COUNTRY?
13	. FATHER'S NAME			100		14. MOTHER"	S MAIDEN N	AME					
	John J	ones				Mar	y Win	dsor					
15	(es, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECUR		informant rs Van	Marka	Mond	Add	ress			
CERTIFICATION	Conditions, if or gove rise to it carse (o), stating lying couse last.  PART II. OTH	the under- CON (control of the under- CON (contr	) A CO			IT NOT RELATED TO				YEN IN PAI		PERFOR	Mo.  Jyn  UTOPST MED? NO
MEDICAL CER		CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yes	While	NJURY OCCURI		PLACE OF INJURY octory, street, office	(Home, farm, ce bldg., etc.)	20f. (City	or town)		County)		(State)
	21. I certify the clive on 5	at 1 attended the	decease , 196			h accurred at			the causes cet, city or town,	and an I		state	
2	NAME (Type)	N. 226. DATE THEREO	of C	122c, NAME O	OF CEMETERY	OR CREMATORY		22d. LOCATI	ON (City, town,	or county)		(State	(
L	REMOVAL (Specify) Buria			Ori	ole C	emetery			ole, Me	-		(Sidie)	
23	. FUNERAL DIRECTOR	S SIGNATURE	-	ADDRESS		1 (4)		BY REGISTR		STRAR'S SI	GNATURE		LE
6	xern,	1.11/1/1/1	con	Princ	ess A	ane. Md	DATE MA	Y 2 2 '6	1 0	Ilma 9	House		

page 3 should be detached for use as the buriot-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the registrar prior to buriot, cremation, ar removal, and in any event within 72 hours ofter death. may be refused by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay TO HOSPIT VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH

OUVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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	o. COUNTY Wicomico	A	ARYLAND	usual residence (	Where deceased li	ived. If institution b. COUNTY	on: Residence be		on)
	b. CITY OR TOWN (If outside corporate limi RURAL and give nearest town) Hebron (Rura	- 1	STAY IN 16	c. CITY OR TOWN (	on (Rur		URAL and give n	earest town)	
	d. NAME OF HOSPITAL (If not in haspital, gor INSTITUTION D.# 1	give street address)		d. STREET ADDRESS R.D	<b>.</b> # 1			e. IS RESTE ON A F YES T	FARM?
3.	NAME OF DECEASED (Type or print) WILL		MAS	BYRD	4. DATE OF DEATH	MAY		th 19	9 61
S.	SEX 6. COLOR OR RACE White	7. MARRIED NEVER M		pril 19.		AGE (In years last birthday) 83 yrs.	Months Days		Min.
13	a. USUAL OCCUPATION (Give kind of work during must of working life, even if retired Retired Farmer  FATHER'S NAME  Thomas James Byrd  WAS DECEASED EVER IN U. S. ARMED FOR et. no., or unknown) (If yes, give wor or dates of second processes of the processes of th	Farming	<b>3</b>	Quantico 14. MOTHER'S MAIDER Mary Jan	Maryla NAME Coope	nd	U S	A	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  Canditions, if ony, which gove rise to immediate cause (o), stating the under- lying cause lost.		arte	1 From	losis		IN	TERVAL BET	WEEN
CERTIFICATION	PART II. OTHER SIGNIFICANT CON  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DITIONS CONTRIBUTING TO  PULLOS CONTRIBUTION TO  20b. DESCRIBE HOW INJU  N/A	relias	hemore	Lage =	Longel	VEN IN PART 1(0)	19. WAS AI PERFOR YES	MED?
MEDICAL	20c. TIME OF INJURY Month, Day, Yer Haur o. m. p. m. N/A 19		focto	E OF INJURY (Home, fry, street, office bldg.,	arm, 20f. (City o	r town) N/A	(Caunt	r)	(Stote)
	21. I certify that (I) (this hospital saw the deceased alive on	5/9 19 61,		attending v	MED. DIRECTOR	STAFF PHYS.	nd an the da	te stated	
	Burial, CREMATION, 23b. DATE THERECE Burial May 12.		CEMETERY OR C	REMATORY	23d. LOCATIO	ico Ma		(Stote)	)

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Dr. Branch S. Premiser, Delegar, Delegar, Tolland, Tollad	Detail from C. S. Land K. T. J.			
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			DILOUNY & COMPANY	

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TO HOST L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. Page 4 may be retained by the hospital or attending physician.	R	Dag	×.
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TO HOST C. OR ATTENDING PHYSICIAN: The law requires that S. death. Page 4 may be retained by the hospital or attending physician.	M !	of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	0

	MARYLAND				
DIVISION OF STATISTICA	L RESEARCH AN	ID RECORDS,	301 W. PRE	STON	STREET, BALTIMORE 1,

1	DIVISION OF STATISTICAL RESEAR	CERTIFICATI	OF DEATH		1, MARYLAND (16175)
	PLACE OF DEATH	Item 9 Fi	2. USUAL RESIDEN	CE (Where deceased fived, If inst	itution: Residence before admission)
	. COUNTY		a, STATE	b. COUNTY	
_	b. CITY OR TOWN (if outside corporate limits,	MARYLAND		yland	Wicomico
	write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITT OR TOWN	If outside corporete limits, write RI	OKAL end give nearast lown)
	Salisbury	3Mos.1Day		isbury	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pitel, give streat address)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
-	Deer's Head State	Hospital	R.D.#5 Pemi	berton Drive	YES X NO
3.	NAME OF First DECEASED	Middle	Lest	4. DATE Month	Dey Year
	(Type or print) John	Wesley	Carter	DEATH May	27 1967
5.	SEX 6. COLOR OR RACE 7. MARRIE		. DATE OF BIRTH	9. AGE (In years   IF	UNDER 1 YEAR   IF UNDER 24 HRS.
	77 71		Anni 7 25 7 2	69 ' ast birthday) W	onths Deys Hours Min.
1 () e	11010	ND OF BUSINESS OR INDUSTR	ADITE 200 10	nty & Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
do	ne during most of working life, even if retired)				
10	Unk. (Retired Farm	erink.	Worces	ter, Maryland	U. S. A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	Wesley Carter		XXXX.	Elizabeth Pus	еу
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. W.	NORMANT	I Canter (Son)	R.D.# 5 Sal.Md
100	Unk	Unk.	Hospital Re	cords Salisb	iry. Maryland
	18. CAUSE OF DEATH [Enter only one couse per li	ine for (e), (b) and (c).]	Trophi nai Ire	COTUS - BALLBO	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
E		CRIBE HOW INJURY OCCURED	), (Enter neture of injury in	Pert I or Pert II of item 1B.)	
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 2Dd. While p.m. 19	Not While fac	ACE OF INJURY (Home, far tory, street, office bldg., etc		(County) (State)
	21. I certify that (I) (this hoppital) attended	ded the deceased from	2/23/61	19 to 5/27/61	19 that (I) (we) last
					d on the date stated above.
	22e. SIGNATURE	, and ma	• 2	)	22b. DATE
	V. V. Wuld	he, N		MED. STAFF	May 27,1961
	PHYSICIAN'S NAME (Type)  L. Maldve, M.	D.		lead State Hospi	talSalisbury, Mo
230	BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town	
I	Burial May 31.1961	Olivet Co	emeterv	Worcester C	o.Marvland
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
		LISBURY MAR		AY 31 '61 and	my S. Frank
1.	TO LOWAY & COMPANY SA	TITODOUT MAN.	THAND DATEME	1101	

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		HART BURE STREET		Descript Loses III	
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			THE PERSON	Televisian televisian	
		milited, J. 66			
				And the second s	
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CERTIFICATE OF DEATH

Reg. Dist. No.

24b. REGISTRAR'S SIGNATURE

arily & Hours

24g. REC'D BY REGISTRAR

DATE MAY 1 5 '61

			Keg. Dist. No.				
ブノロ	PLACE OF DEATH  o. COUNTY / '	2. USUAL RESIDENCE (Where deceased lived. If institu					
	WICOMICO MARYLAND	markland b. COUNT	Wicomico				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest town)				
15	Salishurk	Salishuck	12				
1	d. NAME OF HOSPITAL (If nat in haspital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE				
-	Peninsula General Hospital	408 STEWARTS Place	ON A FARM? YES INO IX				
3.	NAME OF First Middle		onth Day Year				
	DECEASED	Callins DEATH MA.	. 0				
5	0 6614 6	B. DATE OF BIRTH 9. AGE (In years)	IF UNDER 1 YEAR IF UNDER 24 HRS.				
1	mannes   The vent mannes	lost birthday)	Manths Days Hours Min.				
1	Male Negro WIDOWED DIVORCED	June 21, 1890 1 70 '					
110	<ul> <li>u.SUAL OCCUPATION (Give kild of work done 10b. KIND OF BUSINESS OR INDU: during most of warking life, even if retired)</li> </ul>	STRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
L	Labor	Maryland	U.S.A.				
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	James Collins	Mary Corbin					
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.		dress				
{Y	es, no, or unknown) (If yes, give war or dates of service)	1120 It	+ place Aline				
=	1B. CAUSE OF DEATH [Enter only one cause per lipe for (o), (b), and (c).]	and the 42 Allows	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH				
	IMMEDIATE CAUSE (a)		191				
	6/0 X DUE TO	1-1-11					
	Conditions, if ony, which	state a longer lopely					
	gave rise to immediate cause (a), stating the under-						
	lying couse last. (c)						
O Z							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFORM YES.							
CERTIFI	200. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH	D. (Enter nature of injury in Part I or Port II of item 1B.)					
E	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)				
9	Hour o. m. While Not while for work of work	ctory, street, office bldg., etc.)					
2	p, m. 17 of wark of work	1/ -	1				
	21. I certify that I attended the deceased fram.	0.40	that I last saw the deceased				
	alive an, 19_1, and that death	accurred at D. A.M. fram the causes a					
	· 01 ( . N/	ADDRESS (Street, gity or town	n, state) DATE SIGNED				
	SIGNATURE TO DULLY WE.	M.D. To Steen Alexander	) - 9 /He , 61				
		Millial Cint	7_				
	PHYSICIAN'S HERRY RECUEL, MD	- Sale fran, 14					
22	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town,	or county) (State)				
	REMOVAL (Specify) Burial 5/13/1961 Glass Hi						
*		4 E E E SI III S II	111. 2/ 1/11.				

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours the house the control of the cont TO FE

ter death. Page 4

VS A15 (4) 15M 9/5B

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6191

CERTIFICATE OF DEATH

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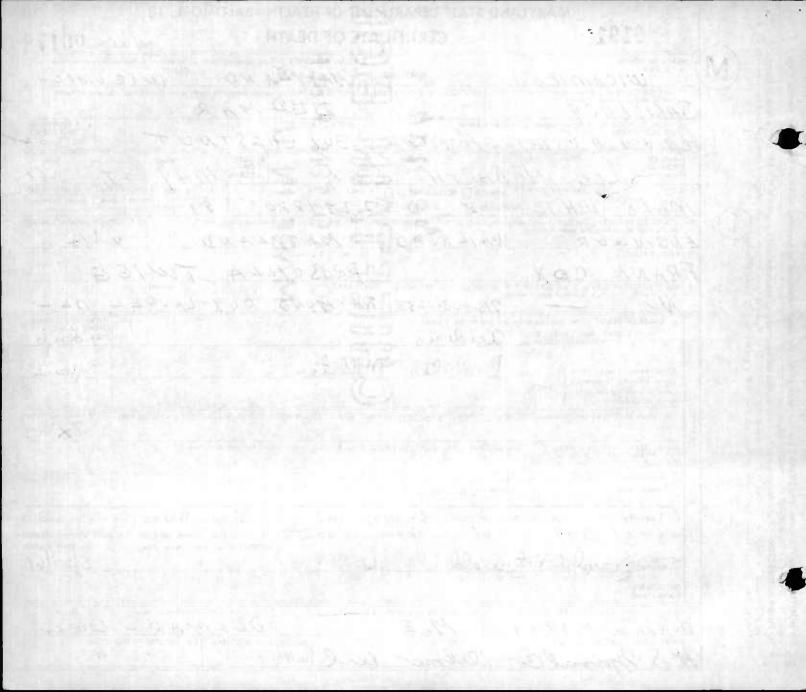
-		Reg. Dist. No. (10)					
A	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
Y1]	o. COUNTY MARYLAND	MARVLAND b. COUNTY					
1	b. CITY OR TOWN (If outside carporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)					
	RURAL and give nearest lown)						
	SANSDURY	A DELMAR					
	OR INSTITUTION  OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?					
	TENINSULA GENETEL HOSTITAL.	1301 CHESTNUT YES NO 14					
-	3. NAME OF , First Middle	Last 4. DATE Month Day Yeor					
	OECEASED (Type or print) / PO /40 h RP + H	0 X DEATH MAY 27, 1961					
	5. SEX COLOR OR RACE   7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS					
200	A CONTRACTOR OF THE PROPERTY O	last birthdoy) Months Days Hours Min.					
	MALE WHITE WIDOWED DIVORCED	2-29-1880 8/ yrs.					
)	<ol> <li>USUAL OCCUPATION (Give kind of work dane lob. KIND OF BUSINESS OR INDU during most of working life, even if retired)</li> </ol>	STRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY					
	ENGINEER PAILROAD	MARYLAND USIT					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	FRANK CAV	PRISCILLA TWIGG					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address					
	(Yes, no, or ynknown) (If yes, give war or dates of service)	RAYMOND CUY-LAUREL DEL					
	NU - 7/6-03-/653	KAYMOND COX-LAUKEL DEL					
	1B. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	4000					
	260 X DUE TO	0.0					
	Conditions if any which						
12	gave rise to immediate DUE TO	Tues or					
	couse (o), stoting the <u>under-</u> lying couse last.						
	, (9)	ANOT BELATED TO THETERMINIAL DISEASE CONDITION ON THE BART IC.) 10 WAS AUTOPEN					
10	O FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
	0	YES 🔀 NO 🗆					
	□ OR CONTRIBUTING □ CAUSE OF DEATH	D. (Enter nature of injury in Port 1 or Port II of item 1B.)					
1							
	<u>-</u>	ACE OF INJURY (Home, farm, 20f. (City ar town) (County) (State ctory, street, office bldg., etc.)					
	Hour o.m.  p. m.  19 While Not while of work of work	clory, street, office blug., etc.)					
	-1/	211 20/1 . 17 mall 20/10					
	AM 112 11	14_, 1961, to 27_MAf_, 1961, that I last saw the deceased					
	alive an 21 MAY, 1961, and that death	accurred at A. M., fram the causes and an the date stated abave					
0.3	00000	ADDRESS (Street, city or town, stote)  DATE SIGNE					
	SIGNATURE TOESH C. Fit gerald	M.D					
A	DIVERSIANIE						
	PHYSICIAN'S NAME (Type)						
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote)					
	REMOVAL (Specify)	DEIMAR DE					
0	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					
130	MO O O 10.	10. 0 DATMAY 31 '61 Orthur S. Kush					
30	ALT COLOR III TO TO NUIVANA	VI DATRIM U I U.					

may be retorned by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

fer death. Page 4

TO HOSPITA VS A15 (4) 15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. (1) 7() il directar, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND WICOMICO b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR/TOWN (If autside corporate limits, write RURAL and give nearest tawn) pe RURAL and give nearest tawn) O ALISBURY shoul d. NAME OF HOSPITAL (If not in haspital, give street address) the e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO TENERA and 2. NAME OF Middle Last DATE Month Year filled DECEASED OF (Type or print) E -DEATH 196 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years campletely last birthday) Manths WIDOWED [ DIVORCED [ papers. 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country 12. CITIZEN OF WHAT COUNTRY? death. during mast af warking life, even if retired) and carban after 13. FATHER'S NAME physician haurs remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 72 attending please within CAUSE OF DEATH [Enter only one cause per line for (a), (b), and INTERVAL BETWEEN ONSELAND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) the DUE TO by dny permit. Canditians, if any, which gned (b) gave rise to immediate DUE TO couse (a), stating the underond lying cause last. burial-transit physician been PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY remavai, PERFORMED? has YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) Day, Year 20d. INJURY OCCURRED (Caunty) (State) foctory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at wark 21. I certify that I attended the deceased from fhat I last saw the deceased detached and that death accurred at\_ 4.M, fram the causes and on the date stated obove.

ADDRESS (Street, City or town, state)

DATE SIGNED

ACTUAL SIGNATURE PHYSICIAN'S

NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (Gity, tawn, ar caunty)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify

ADDRESS

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

arthur & Kraus

TO FUNERAL DIRECTOR: page 3 shauld be detac VS A15 (4) 15M 9/5B

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4	6194 CERTIFICATE OF DEATH  Reg. Dist. No. 116181		
Page 4	director director		1. PLACE OF DEATH O. COUNTY O. STATE O.
death.	uneral Id be fi	_4	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  SAIS bu RY  c. LENGTH OF STAY IN 1b  RURAL ond give nearest town)  Berlin
- G	by the f	82	d. NAME OF HOSPITAL/lif not in hospital, give street oddress)  OR INSTITUTION  PENINSULA GENERAL HOSPITAL  ON A FARM?  YES NOW
24 havr	l and		3. NAME OF DECEASED  A DATE Month Day Year OF Month Day Year
within	. Poges	T	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys Hours Min.
ecuted	nd comple n papers. death.		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  during most of working life, even if retired)
e pe ex	carbon after de		HOUSEVUIFE DWM HOME BERLIN MD RFD U.S.A.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. TANK NAME  16. TO NAME  17. MOTHER'S MAIDEN NAME  17. MOTHER'S MAIDEN NAME  18. MOTHER'S MAIDEN NAME  18. MOTHER'S MAIDEN NAME  19. MOTHER'S MOTHER'S NAME  19. M
ertificat	physici remove 2 hours		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  Address  FLI  (Yes, no. or voknoym)   (If yes, give war or doles of service)
deoth	please within 7		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CABCING BABBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB
that the	by the a it. Then iy event		DUE TO
equires	signed b		gave rise to immediate couse (a), stoting the <u>under-lying cause lost.</u> (b)  DUE TO  (c)
ne law r	as been ial-trans		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
IAN: The	ficote h the bur or rem	6	
PHYSIC	his certi use as ematian		20c. TIME OF INJURY Manth, Doy, Year Haur o. m.  19
ADING	After 1 ched far urial, cr		21. I certify that I attended the deceased fram. 57/5, 196/, to 5/15, 196/, that I last saw the deceased alive an 5/10, 196/, and that death accurred at 8:00 p. M, fram the causes and an the date stated above.
ATTEN	RECTOR: be detaction to bu		ACTUAL SIGNATURE OF M OBLOSOM THE M.D. MEDICAL CENTER 5-115-196
ITA	RAL DIII should	1	PHYSICIAN'S JOHN M. BLOXOM TO SALISBURY, MD
HOSP HOSP	o FUNERAL page 3 shouther the registrar	0	220. BURIAL, CREMATION, REMOVAL (Specify)  SURIAL SPECIFY  5/8/6/  EVERGREEN  22c. NAME OF CEMETERY OR CREMATORY  BURIAL SPECIFY  BERLIN  (State)
	15 (4) 9/5B	9	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  DATE  240. REC'D BY REGISTRAR'S SIGNATURE  DATE  ADDRESS  DATE  ADDRESS  ADDRESS  DATE  ADDRESS  ADDRESS  DATE  ADDRESS  DATE  ADDRESS  ADDRESS  DATE  ADDRESS  ADDRESS  ADDRESS  DATE  ADDRESS  DATE  ADDRESS  DATE  ADDRESS  ADDRESS  ADDRESS  DATE  ADDRESS  DATE  ADDRESS  DATE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  DATE  ADDRESS  A

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4 %t	6395 CERTIFICATE OF DEATH Reg. Dist	No. (1618)
Page directo	1. PLACE OF DEATH  o. COUNTY  WICOMICO  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence b. COUNTY  b. COUNTY  b. COUNTY	before admission)
eath.	b. CITY OR TOWN (If outside corporote limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporote limits, write RURAL ond gir RURAL ond, give nearest town)	ve nearest town)
fler d	d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET/ADDRESS	e. IS RESIDENCE
(8 Societ	Peninsula General Hospital glower Sh	ON A FARM? YES NO 12
24 hou	3. NAME OF First Middle Last 4. DATE Month OF OF CLOSE OF DEATH MONTH OF DEATH MO	Day Yeor
within 2	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In year IF UNDER 1 lost birthday) Months F	YEAR IF UNDER 24 HR
camplet papers.	10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRM-PLACE (State or foreign country) 12 CITIZI	Poys Hours Min
execution and can bap death.	during most of working life, even if retired)  The second of working life, even if retired)  Appledicums and US	A,
ian a carba after	13. FATHER'S NAME	
tifica obysic mave hours	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  (Yes, no, or unknown) // (If yes, give wor or dofes of service)  Address	D a.
ding p	The Mongreld Vencester	Dorlin
atten within	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN
at the There	7 3 MMEDIATE CAUSE (a) Resperatory Factore	
ed by remit.	Canditians, if any, which gove rise to immediate (b) Grenouturely - 15/2 of Both wt	
requi	couse (o), stating the <u>under-</u> DUE TO lying cause last. (c) (c)	
ohysici ss bee al-trar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
AN: The parties he buring the buring ar removed	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 1B.)	YES NO
or officertification,	Hour o.m. While Not while foctory, street, office bldg., etc.)!	unty) (State
ipital prital far u crem		
ENDIN e has R: Aft ached ourial,	21. I certify that I attended the deceased from May 29, 1961, to May 29, 196 that I last alive on 1962, 1961, and that death occurred at 1000M, from the causes and on the	
ATTI by the e det	ACTUAL 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	DATE SIGNE
DIRECTOR DIR	PHYSICIAN'S	\$ 12010
DSPITA be retd NERAL 3 show egistrar	NAME (Type)	
o HO o FUN page the re	120. BURIAL, CREMATION, 1226. DATE THEREOF 1220, NAME OF CEMETERY OR CREMATORY 122d. IOCATION (City, town, or county) REMOVAL (Specify) May 3 1961  Performed Property Communications of the Communication of the Communica	(Stote)
VS A15 (4)	23. FUNISRAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	1 1
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

	6196	CERTIFICA	TE OF DEATH		/ (	16183
	1. PLACE OF DEATH  o. COUNTY (  NICOMICO	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUN		re admission)
	b. CITY OR TOWN (If outside corporate limits, write	6. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	tride corporate limits, write		irest town)
0	d. NAME OF HOSPITAL (If not in naspital, give street of PR INSTITUTION	a Home	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Middle (	Dickerson	4. DATE NO OF DEATH	Santh Do	Year 196/
	Female White WIDOWE	D DIVORCED	8. DATE OF BIRTH 18	90 P. AGE (In year Jost Mirthday		F UNDER 24 HRS. Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane) 10b. during most of working life, even if retired)	UN Jame	STRY 11 BIRTHPLACE 18 TO 10 O	r foreign coulyfy)	12. CITIZEN OF	WHAT COUNTRY?
		1201	14. MOTHER'S MAIDEN NA	Junes	She hill	Rel
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.11	12 Janie Man	Thruf alle	endrie.	9/2-
	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for (o), (b), and (c).]	sature H.	Least De		ERVAL BETWEEN SET AND DEATH
ļ	Conditions, if ony, which (b)	inhetis	mile	litera		
	gove rise to immediate CDUSE (0), stating the under-lying couse last.			t		
	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION (	GIVEN IN PART 1(0)	PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture af injury in Po	art I or Port II of item 18.)		
	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. 19 While at wark	Not while fo	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)		(County)	(State)
	21. I certify that (I) (this haspital) attend	ed the deceased fram.	10/60 19	to 5/31/6	/, th	nat (I) (we) fast

saw the deceased alive an

ATTENDING PHYS. 22d. ADDRESS

and that death accurred at

MED. DIRECTOR STAFF PHYS.

M, fram the causes and an the date stated above. 22b. DATE

ZZc. PHYSICIAN'S NAME (Type)

SUPIAL, CREMATI

DATE THEREOF

OR PREMATORY 230 NAME OF CEMETERY

ADDRESS

23d. ACCATION (City, town, or county)

(State

BUNERAL DIRECTOR'S SIGNATURE

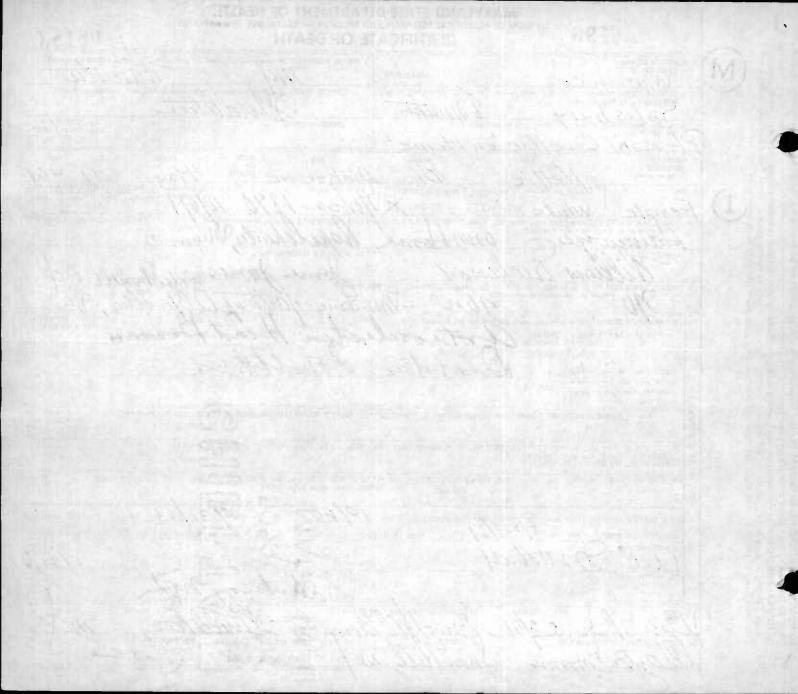
250. REC'D BY REGISTRAR DATELIN

25b. REGISTRAR'S SIGNATURE 161

arthur S. Kraus

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TO HOSPIT



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DIRECTOR:

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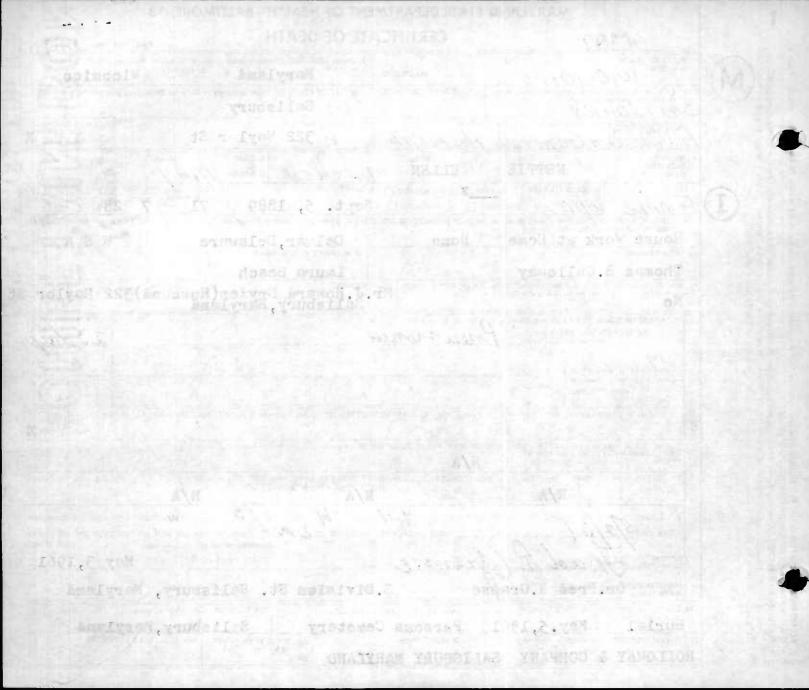
VS A15 (4)

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#### ARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06185

6	198 CERTIFICA	ATE OF DEATH	06185
1. PLACE OF DEATH o. COUNTY	Wicomico MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions o. STATE Maryland b. COUNTY	Residence before admission) Wicomico
RURAL ond give	Salisbury	2 Salisbury	
d. NAME OF HOS OR INSTITUTIO	SPITAL (If not in hospital, give street oddress)  N 306 Buena Vista Ave	d. STREET ADDRESS 306 Buena Vista	Ave   e. IS RESIDENCON A FARM YES   NO
3. NAME OF DECEASED (Type or print)	NATHAN JAMES	FOSKEY 4. DATE OF MAY	19th Day Year 1963
s. sex Male	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	March 16, 1890 71 yrs.	Yonths Boys Hours Mi
Retired	ATION (Give kind of work done lob. KIND OF BUSINESS OR IND working life, even if retired)  Mason  Construction	Pittsville, Maryland	U S A
Nathan	Henry Foskey	14. MOTHER'S MAIDEN NAME Hennetta Miller	
1S. WAS DECEASED (Yes, no, or unknown) Unk	EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service)	c. Charlie H. Foskey (Son) S. Salisbury, Maryla	Division St
Conditions, if gove rise to couse (a), stati	ng the <u>under-</u> DUE TO ct.	Jed arteres al subre	s gr
CATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY  WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCUR	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN  RED. (Enter nature of injury in Port I or Port II of item 18.)	PERFORMED YES NO
	NG CAUSE OF DEATH IFY MEDICAL EXAMINER) N/A	PLACE OF INJURY (Home, form, 20f. (City or town)	(County) (St
Y 20c. TIME OF IN.	m. N/A 10 While Not while	foctory, street, office bldg., etc.) N/A N/A	
saw the dece	that (1) (this haspital) attended the deceased frame eased glive an 1 1900, and that	death accurred at M, from the causes and	
220 SCHATURE	VIII Belledeles	M.D. ATTENDING MED. STAFF MED. PHYS. DIRECTOR PHYS. MED. STAFF PHYS. MED.	iay22/1961
AME (Type			
	Dr. Earl M. Beardsley	Maryland Ave. Salisb	ury, Maryland
230. BURIAL, CREMA REMOVAL (Spec Burial 24. FUNERAL DIRECT	TION, 23b. DATE THEREOF 23c. NAME OF CEMETERY May 23,1961 Wicomico M	Maryland Ave. Salisb or CREMATORY 23d. LOCATION (City, lown, or Memorial Park Salisbury	county) (State)

DATE WAY 2 5 '61

TO HOSPITA may be reh VR A1S (4) 1SM 9/59

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou med by the haspital ar attending physician.

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Lastreil,	TENTE THE TARRE	and solve Head	TILE ZELLE	
		YEAR YERELLER	SCHARLES BUY	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) oral director. Page of for your files. Board of Health, a. COUNTY e. STATE b. COUNTY Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Fruitland (Rural-Salisbury) Salisbury DNAME A HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 132 Clyde Ave. retained he State B Peninsula General Hospital NAME OF DATE Middle Month DECEASED to the OF the (Type or print) DEATH Foskey William Thomas with 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 5. SEX B. DATE OF BIRTH age 5 may by 1 and 2 with 72 hours af last birthdey) Months Dec.24,1929 and WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stele or foreign country) Page done during most of working life, even if retired) Line-man, Employee of E. S. P. S. PM3. Pages 1 pages 1 within 7 Salisbury, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William W. Foskey Nellie Frances Foskey event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Betty L. Foskey (Wife) 132 Clyde (Fruitland) Salisbury, Maryland 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no, or unkown) (Ifyes give war or dates of service) "in pencil in Item 18 office along with fabruial-transit permit 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: removal, and Electrocution IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) "pending" gave rise to Immediate cause (0) DUE TO certificate, writing the word "pendin rded to the Chief Medical Examiner' ECTOR: Page 3 should be used as gent, prior to burial, cremation, or r (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) MEDICAL EXAMINER: CAUSE OF DEATH. Working on pole and touched wire with 12,000 Volts.

r | 20d. | INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While -22-67 Work T Quantice Read | Salisbury 21. I certify that I took charge of the remains described above, held an Autopsy forwarded IL DIRECT Accident X death resulted from: Satural causes Suicide Homicide Undetermined manner the CHIEF MEDICAL EXAMINER ACTUAL should be for FUNERAL ASSISTANT MEDICAL EXAMINER execute SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER Royer, NAME (Type) Ave Salighury AMes (Street, city, town, or county)

1 22c. NAME OF CEMETERY OF CREMATORY

22d. LOCATION (C 220. BURIAL, CREMATION, 2257 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 9 Burial .1961 Wicomico Memorial Park Salisbury, Maryland 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR J 24b. REGISTRAR'S SIGNATURE MAY 25 '61 arthur S. Krous

SALISBURY MARYLAND

DATE

Wicomico

Day

22

. IS RESIDENCE ON A FARM?

YES NO K

IF UNDER 24 HRS.

6719

Hours

Clvde Ave.

INTERVAL BETWEEN ONSET AND DEATH

Sudden

PERFORMED? NO a

and in my opinion

DATE SIGNED

(State)

5-23-61

12, CITIZEN OF WHAT COUNTRY?

USA

VS. A15ME 5M 9/60

HOLLOWAY &

COMPANY

BOLKS DL William I feet Femal | Seel of the T aya estala se o Seas Shelymes, water Loss to Lau-war, and cover descriptions. .atter con pole and toushed wire which le, 000 to subject . No contout vendelist best estrano to the Willes were standing to the control to the section of the THE CHAFTER YEARS THE TRACKED & MANDLICE 24 hours after death. If any dersy is necessary, expenses 1, 2, and 3 to the funeral director. Page TYPAR Page 5 may be retained for your files. The page 5 may be retained for your files. The page 5 may be retained for your files. Within 72 hours after death.

TO DEPUTE MEDICAL EXAMINER: This certificate should be executed within please execute the certificate, writing the word "pending" in pencil in Item 18. GP 4 should be forwarded to the Chief Medical Examiner's Office along with for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit file or its designated agent, prior to burial, cremation, or removal, and in any event

VS. AISME 5M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
6200 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
16187

		1.07.0
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where daceased lived, If institutions	Residenca befora edmission)
Wicomico MARYLAND	Maryland b. COUNTY W:	Leomico
b, CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL a	
write RURAL and give nearest town)	0-7:	
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	Salisbury d, STREET ADDRESS	1 a. IS RESIDENCE
		ON A FARM?
Peninsula General Hospital		YES NO X
DECEASED	Last 4. DATE Month OF	Day Year
(Type or print) John Wesley Har	mon DEATH 5-8-61	19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED E	B. DATE OF BIRTH  9. AGE (In years   IF UNDER   last birthday)  Months	
M C WIDOWED DIVORCED	MAY, 31 1912 4748 WS. MONTHS	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during) most of working life, even If retirad)	RY 11. BIRY IPLACE (State or foreign country)   12. CI	TIZEN OF WHAT COUNTRY?
- Letor none me, even if remade	- Umerest Co	LA
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7710
/ FILLS HARMAN	T. tt. tterm on L	-210
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17.	IMFORMANT Address	CARALE
(Yas, no, or unkows) (Wasarawarordatesofservice)	The Ileanne	
18.14-14-5537 O	elle Home	
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute pulmona	ry edema	Sudden
DUE TO		
Conditions, if any, which ) (b) Cenehral wasc	ular accident	Sudden
gave rise to immediate cause	441 400140110	- Duddon
(e), stating the underlying		37.0
(d) Type Carlotte	cardio-vascular disease  DI RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	Years
OIL		PERFORMED?
206. EXTERNAL CAUSE WAS   206. DESCRIBE HOW INJURY OCCURED. (		YES NO IX
PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	Entar nature of Injury in Part I or Part II of Item 1B.)	
	CE OF INJURY (Home, farm, 20f. (City or town) (Co	unty) (Stata)
Hour e.m.    While   Not While   technique   P.m.   19   at work   at work	tory, street, office bldg., etc.)	
21. I certify that I took charge of the remains described above, he	ald an Autopsy , Inspection , Inquiry X,	and in my opinion
death resulted from: Dural causes X, Accident , Suic		
Suite a causes (A) Accident		
ACTUAL FOR I	CHIEF MEDICAL EXAMINER	7/3/2011
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
Examiner's Earl L. Royer, M.D. NAME (Type) 107 Camden Ave. Salish		0-61
220. BURIAL, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATURY   22d. LOCATION (City, town, or country	(Stata)
REMOVAL (Specify) 5-11-61 Flamely	Hell Eden	mi
23. FÜNERAL DIRECTOR— ADDRESS	1 24a. REC'D BY REGISTRAR   24b. REGISTRAR'S.	SIGNATURE /
Bent 110 + 13,	MAY 15 '61 William S.	Thous
word III was 100 Dec	DYCC   DATE	

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MEDICAL CERTIFICATION

DIV	ISION OF ST			AND STATE DE	PARTMENT OF , 301 W. PRESTON		ALTIMORE	1, MARY	LAND	-3-
	620	7		CERTIFICAT	E OF DEATH			()	6188	3
a. COUN				MARYLANI		NCE (Whara dac	aasad lived, If in b. COUNT		dance bafore	admission)
b. CITY	OR TOWN (if outs RURAL and giva	ide corporata limi nearast town)	ts,	c. LENGTH OF STAY IN 1		(If outside corpor	rate limits, write	RURAL end gi	ve nearest to	wn)
d. NAM	Lis burgos E OF HOSPITAL O	3 R INSTITUTION (	if not in hos	16 days pital, giva straat address)	d. STREET ADDRESS	lts (Sa	ssafras	1114		RESIDENCE LA FARM?
De	er's Hea		Hospit					イハ	YES	NO
3. NAME DECEA (Typa or	SED	Joh	n	Middle	Hart	4. DATE OF DEATH	Month	26	ay Ya	61
5. SEX	6. 0	COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH		AGE (in years	F UNDER 1 YE	AR IF UNDE	R 24 HRS.
Ма	le	Negro	WIDOWE	DIVORCED M	7/20/1876		84 ул.	Months Day	s Hours	MIn.
dona during	LOCCUPATION ( g most of working aborer			ND OF BUSINESS OR INDU	Kent Cou Chestervi	nty			OF WHAT	COUNTRY?
13. FATHER					14. MOTHER'S MAIDE					
	?				Eva Si	ngle				
	eCEASED EVER IN (Ifyesg			SOCIAL SECURITY NO. 17			Address			
124	ART I. DEATH WA	S CAUSED BY: DIATE CAUSE (a)		ne for (a), (b), and (c).] te myocardial	Deer's Head H	OSPICAL	necoras		INTERVAL 8 ONSET AND	DEATH
gava ri (a), sta	ions, if eny, wh ise to immediate ca ating the underly	usa Due To		eralized arte	riosclerosis				10 yr	3
Z PA		(c)		TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE C	ONDITION GIVE	N IN PART 1(a		AUTOPSY ORMED?
OR CO	CCIDENT WAS UNITED TO CA	AUSE OF DEATH	20b. DES	CRISE HOW INJURY OCCU	RED. (Enter natura of injury i	n Part I or Part II o	of item 18.)			
0	IME OF INJURY Hour e.m. p.m.	Month, Day, Ye	ar 20d. Whila	Not Whila	PLACE OF INJURY (Home, fa factory, streat, office bldg., a		or town)	(County)		(State)
	certify that	//	tal) attend	11 /-	mat death occured at?					, ,
22c. P	HYSICIANS	id	Lo	wrif	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	5/26,		b. DATE SIGNED
	NAME (Type)	LEE L.	LAWRY	, м. р.	Deer's H	ead Stat	e Hospi	tal, Sa	lisbu	ry, Md
REMOV.	AL (Specify)	3 - 3	REOF / (9/	1 Who V	Wall-Julian	Ball	TION (City, town	or county)		Stata)
24 FUNERA	AL DIRECTOR'S SI	GNATURE		ADDRESS	25a. R	EC'D BY REGISTR	AR 25b. REGI	STRAR'S SIG	NATURE	

Orthon S. Hours

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TARRE LEGE

4 35	1 C	Reg. Dist. No. (11) O.
wit wit		1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission)
P. dired	KA)	CUICOMICO MARYLAND DELAWARE 6. COUNTY SUSSEY
후 교회	IVI)	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest fown)
ded ded		RURAL and give nearest tawn)  5415 DURY  265  DELMAR
houl	al m	d. NAME OF HOSPITAL (If fat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE
2 + t	182	OR INSTITUTION ON A FARM?
d ni		PENINSULA GENERAL HOSPITAL GILOUE YES NO
P P		3. NAME OF First Middle Lost 4. DATE Month Day Year OF
in 2		(Type or print) WILL/AM PURNELL HASTINGS DEATH MAY 2 1961
Pa Pa		5. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HI lost birthday)  Months Days Hours Min
plet		MALE White WIDOWED DIVORCED 9-20-1092 68 yrs.
cute ope		10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12.CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stote or foreign country)
o pure		BARBER BARBER MARYLAND
be reporter		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
cior co	T	to de la Hastines man Taylor
ifice	(1)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address
g pl		(Yes, no for unknown) (If yes, give, war or dates of service)
din din 7		The CALLET OF DEATH IS
dec dec		TB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]  PART I, DEATH WAS CAUSED BY:
the a		IMMEDIATE CAUSE (a) Tranquilled Transition 2 days
at the		DUE TO HOUSE TO PORTON
d by		Canditions, if ony, which) (b) (b)
gne in o		gove rise to immediate couse (o), stating the under-
an. sit		lying couse last. (c)
sici sici		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
phy as b ial-1	0	YES NO
ng he h	V	1 00 ACCIDENT WAS AN ADVANCED TO THE PROPERTY OF THE PROPERTY
AN icot icot icot or		200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.)   OR CONTRIBUTING   CAUSE OF DEATH
attife at title as t		
HY or or or use		Hour o. m. While Not while foctory, street, office bldg., etc.)
or the		p. m. 19 of work of work
osp offer ded f		21. I certify that I attended the deceased fram. 5 - 2 , 1901, ta 2 - 2 , 1901, that I last saw the deceased
S. A bach		alive an 5 - 2 , 1960 , and that death occurred at 10 in AM, from the causes and an the date stated above
det det		ADDRESS (Street, city or town, stote) DATE SIGN
A P P P P P P P P P P P P P P P P P P P		SIGNATURE CITEDLE Q. GOOD, M.D. Jales leure, Mar. 5-2-6
O all D		PHYSICIAN'S
RAL Shau		NAME (Type)
NE NE	n ()	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
may b FUN Poge	01	Believe 4-61 Parson Salisher Sed.
5 5 5	Y	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS A15 (4)		MA Mars Cos- Logare Als PDATE MAY 4 '61 Cithing & Knowns
15M 9/5B		De la

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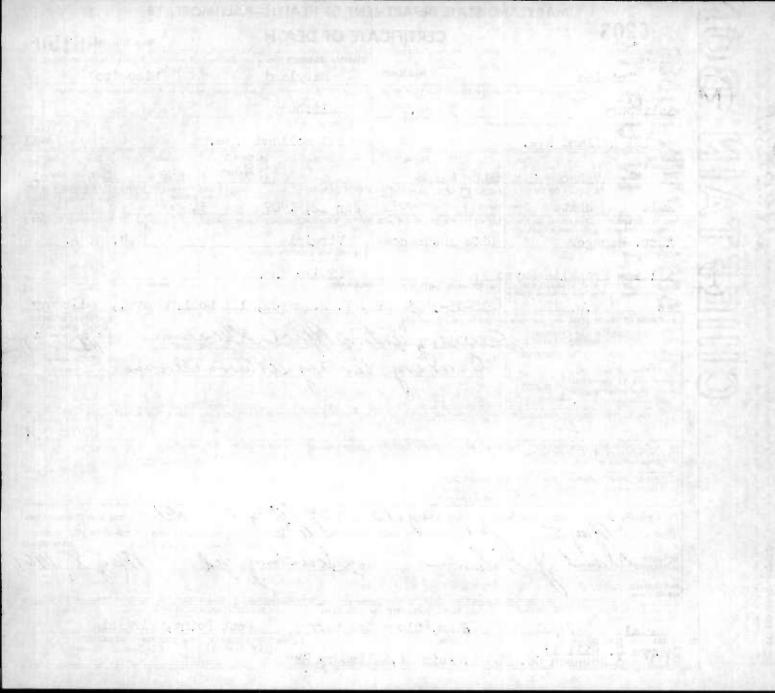
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERT	IEIC	ATE	OF	DE	ATL
CERI		AIL	U	DE	-

Reg.	Dist.	NA!	C	1	Q.	15
Keg.	DIST.	1444	1.3	-	. 7	

1. PLACE OF DEATH o. COUNTY						
		MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If i	nstitutian: Residence	e before admission)
Wicomico	)		Marylan	d	Wicomi	.co
b. CITY OR TOWN (If outsice RURAL and give nearest to	e corporote limits, writ	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, v	vrite RURAL and gi	ve nearest town)
Salisbury	) wii j	3 vrs.	Salisbury		13	
d. NAME OF HOSPITAL (IF	nat in haspital, give stre		d. STREET ADDRESS			e. IS RESIDENCE
OR INSTITUTION	and Area		101 110110	and Area	1	ON A FARM?
121 Holla	nd Ave.		121 Holla			YES NOX
NAME OF DECEASED (Type or print)	First RNON MARSH	Middle  IAT.I. HAYES	Last	4. DATE OF DEATH	Marv	Day Year 1961
. SEX   6. CC	***************************************	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	years IF UNDER 1	YEAR IF UNDER 24 HRS
Male Wh		OWED DIVORCED	Jan 12, 190	lost birth	yrs. Months [	Days Haurs Min.
		0b. KIND OF BUSINESS OR INDU				EN OF WHAT COUNTRY
during most of working life	, even if retired)	VB. KIND OF BUSINESS OR INDU		ar fareign country)		
Asst. Manage	r	Life Insurance	Virginia		U.	S. A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
William Emp	lelia Herros		Elvira Kn	0.00		
William Fran	S ARMED FORCESS	16 SOCIAL SECURITY NO. 1	NFORMANT	app	Address	
(es, no. or unknown) (If yes, g	ive war or dates of service)	TO. SOCIAL SECONITY NO.				
Yes W.	V. II	212-15-3133 Mr	s. V. M. Have	s, 121 Holl	and Ave.,	Salisbury
18. CAUSE OF DEATH [E	nter only one couse pe	r line for (o), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH WA	S CAUSED BY:	1	t blooms	+ None		ONSET AND DEATH
(1) A IMME	DIATE CAUSE (6)	- overly an	The hard	s receives		111111-1
1201	DUE TO	10 1	41	al .	,	-
Conditions, if ony, wh		Coronary	any a	Therosch	croses	
gave rise to immedi			1		3 1341	
		1/	//			
cause (o), stating the uni	Jer-	U	0			LV - TOLK
cause (o), stating the <u>uni</u>	(c)	US CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TEDA	INIAI DISEASE CONDITIO	ANI CIVENI INI BART	1(a) 10 WAS ALITOPSY
cause (o), stating the <u>uni</u>	(c)	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITIO	ON GIVEN IN PART	PERFORMED?
cause (o), stating the <u>uni</u>	(c) (c)	NS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERM	inal disease conditio	ON GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
cause (o), stating the <u>uni</u> lying cause lost.	(c) (c)	OS CONTRIBUTING TO DEATH BUT				PERFORMED?
cause (o), stating the <u>uni</u> lying cause lost.	OF DEATH					PERFORMED?
PART II. OTHER SIG	NIFICANT CONDITION  SERLYING   20b. E  USE OF DEATH  AL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I ar Part II of item	8.)	PERFORMED? YES NO
PART II. OTHER SIG	INIFICANT CONDITION  ERLYING   20b. EUSE OF DEATH AL EXAMINER)  nth, Doy, Year 20c	DESCRIBE HOW INJURY OCCURRED  d. INJURY OCCURRED 20e. PL		Port I ar Part II of item	8.)	PERFORMED?
PART II. OTHER SIG	NIFICANT CONDITION  PERLYING  USE OF DEATH AL EXAMINER)  nih, Doy, Year 20c Wh	DESCRIBE HOW INJURY OCCURRED  d. INJURY OCCURRED   20e. P.	D. (Enter noture of injury in	Port I ar Part II of item	8.)	PERFORMED? YES NO
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20a. ACCIDENT WAS UNED OR CONTRIBUTING IN CAME OF INJURY MODIES IN CONTRIBUTION IN	NIFICANT CONDITION  DERLYING USE OF DEATH AL EXAMINER)  19  19  105  (c)  (c)  (d)  (d)  (d)  (d)  (d)  (d)	DESCRIBE HOW INJURY OCCURRED  d. INJURY OCCURRED  voite Not while for work of	D. (Enter noture of injury in ACE OF INJURY (Home, farr ctory, street, office bldg., etc.)	Port I ar Part II of item  1. 20f. (City or town)  2. 1  2. 1  2. 1  2. 1	(Co	PERFORMED? YES NO  (State)  t sow the deceosed dote stoted obove
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20a. ACCIDENT WAS UND OR CONTRIBUTING I CA (IF EITHER, NOTIFY MEDIC)  20b. TIME OF INJURY MO Hour o. m. p. m.  21. I certify that I calive on ACTUAL SIGNATURE  21. I CERTIFY LACE  PHYSICIAN'S NAME (Type)	NIFICANT CONDITION  PERLYING   20b. E  USE OF DEATH AL EXAMINER)  Inth, Doy, Year 20 Wh attended the dece	DESCRIBE HOW INJURY OCCURRED  d. INJURY OCCURRED  work Of work Of CEMETERY C	D. (Enter noture of injury in ACE OF INJURY (Home, farratory, street, office bldg., etc.)  1957, to 900 occurred at 1150 occu	Port I ar Part II of item  n, 20f. (City or town)  M, from the coust ADDRESS (Street, city or	(Constitution of the state of t	PERFORMED? YES NO  Ounty)  (State  t sow the deceosed dote stoted obove DATE SIGNED  (Stote)
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TO DEPU MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delines are necessory, please exe	cute th	forwar	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, crematian,	or removal.

M)	1, 7	PLACE OF DEATH COUNTY 100m100			MARY	LAND	2. USUAL RESIDENCE ( MSIATE y land		b <sub>t</sub> cou		+	ore admi	ission)
	b	and give nearest town	outside corporate limits, writ	e RURAL	c. LENGTH OF STAY	N 16	c. CITY OR TOWN (	tf outside co	rporote limits, wr	rite RUR	RAL and give no	parest to	wn)
		Dalmar L NAME OF HOSPIT	AL OR INSTITUTION (	Ilf not in hose	IO Year		d. STREET ADDRESS					. IS RI	ESIDENCE
		. NAME OF HOSTI	AL ON HOMOHOLY	in not in nos	prior, give sireer doctes:	"	J. STREET ADDRESS	1418				ON	A FARM?
	-6	NAME OF DECEASED Type or print)	Garla		Middle	На	lost ayward	4. DATE OF DEATH	Ma	onth	Doy 25		9 6 I
1	5. S				D NEVER MARRIED	B.			9. AGE (In years fast birthday)		UNDER TYEAR	Hours	ER 24 HRS
1	_	Male	Colored	WIDOWED			5/5/1947		14 yr	rs.			
	10a.	uring most of workin	g life, even if retired)	done 10b. K	None	NDUSTR	Maryland		country)		U S A		COUNTRY
		FATHER'S NAME					14. MOTHER'S MAIDEN						
	-		Shreeves				Hortense	Hayw		113	Len 13		
	15. (Yes,	no, or unknown	ER IN U. S. ARMED FO (If yes, give war or dotes of	service) 16. S	SOCIAL SECURITY NO.		FORMANT		Addre	015			
		8/3	TH [Enter only one course was CAUSED BY: IMMEDIATE CAUSE (c)	2	for (0), (b), and (c).]	Hon	Skuu e	brau.	s Delma	ciy	Maryla INTER ONSE	val BETWE	ATH
	NC	PART t. DEAT  S / 3  Conditions, if o gove rise to immed (o), stoting the couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ny, which diote couse underlying DUE TO (c)	Bross	ilar fracti	in .	Church To THE TERM	brau	Stem	cin	INTER	VAL BETWEEN AND DEA	AUTOPSY
4	ICATION	Conditions, if o gove rise to immed (o), stoling the couse lost.  PART 11. OTH	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  ny, which diote couse (c) underlying (c)  HER SIGNIFICANT CON	Bass	MIRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	Brau	Stem	cin	IN PART I(a) 19	VAL BETWEEN AND DEA	ATH
3		PART t. DEAT  S / 3  Conditions, if o gove rise to immed (o), stoting the couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  ny, which diote couse (c) underlying (c)  HER SIGNIFICANT CON	Bass	MIRIBUTING TO DEATH	BUT NO	skuy -	Brau	Stem	GIVEN	IN PART I(a)	P. WAS PERFO	AUTOPSY PRMED?
3		Conditions, if a gove rise to immed (a), stating the couse lost.  PART II. OTH  20a. EXTERNAL CAL PRIMARY Y or COL CAUSE OF DEATH.  20c. TIME OF INJUI Hour a.m.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  ny, which diote couse underlying  DUE TO  (c)  HER SIGNIFICANT CON  USE WAS  NTRIBUTING   20	Bussell Bussel	INTRIBUTING TO DEATH HOW INJURY OCCUR HAT OCCURRED 20 Not while	RED. (En	OT RELATED TO THE TERM  The noture of injury in Paragraphic Street, office bidg., etc.	AINALDISEA ort I or Port I coll m, 120f. (Cit	SE CONDITION O	GIVEN	IN PART I(a) 19	P. WAS A PERFO	AUTOPSY PRMED? NO
3	MEDICAL CERTIFICATION	Conditions, if or gove rise to immed (o), stoling the couse lost.  PART II. OTH  20c. EXTERNAL CAL PRIMARY OF COL CAUSE OF DEATH.  20c. TIME OF INJUI Hour a.m. p.m.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  ny, which diote couse underlying  DUE TO  (c)  HER SIGNIFICANT CON  USE WAS NTRIBUTING   RY  Month, Day, Year  196	Bussell Bussel	INTRIBUTING TO DEATH HOW INJURY OCCUR HAND AND AND AND AND AND AND AND AND AND	RED. (En	OT RELATED TO THE TERM  Ter noture of injury in Pa  2 2 2 4 2 2 7  E OF INJURY (Home, far	AINALDISEA ort I or Port I coll m, 20f. (Cit	SE CONDITION O	GIVEN I	IN PART 1(a) 19	P. WAS / PERFO	AUTOPSY PRIMED? NO Who (State)
3		Conditions, if a gove rise to imme (o), stoting the couse lost.  PART II. OTH  20c. EXTERNAL CAL PRIMARY D or COI CAUSE OF DEATH.  20c. TIME OF INJUI Hour a.m. p.m.  21. I certify the	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  ny, which diote couse underlying DUE TO  HER SIGNIFICANT CON  USE WAS  NTRIBUTING D  RY Month, Day, Yee  and I toak charge	Db. DESCRIBE  TO 20d. II  While of wore af the re	INTRIBUTING TO DEATH HOW INJURY OCCUR HAND AND AND AND AND AND AND AND AND AND	RED. (Enfoctor)	OT RELATED TO THE TERM  ter noture of injury in Pa  2 CC 1 C 2 T  E OF INJURY (Home, farm, street, office bidg., etc.)  e, held an Autap:	Brain MINAL DISEA  int I or Port I  coll  m, 20f. (Cit  sy	SE CONDITION OF I SE CONDITION	GIVEN I	IN PART 1(a) 15	P. WAS / PERFO	AUTOPSY PRIMED? NO Who (State)
0 2		Conditions, if a gove rise to imme (o), stoting the couse lost.  PART II. OTH  20c. EXTERNAL CAL PRIMARY D or COI CAUSE OF DEATH.  20c. TIME OF INJUI Hour a.m. p.m.  21. I certify the	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  ny, which diote couse underlying DUE TO  HER SIGNIFICANT CON  USE WAS  NTRIBUTING D  RY Month, Day, Yee  and I toak charge	Db. DESCRIBE  TO 20d. II  While of wore af the re	HOW INJURY OCCUR  NOT WORK OF	RED. (Enfoctor)	OT RELATED TO THE TERM  The noture of injury in Paragonal Control of the Paragonal Control of th	AINAL DISEA  ort I or Port I  coll  m, 20f. (Cil  sy,  e, L	SE CONDITION OF THE WAS FILL YOU TOWN)	GIVEN I	IN PART 1(a) 15	P. WAS PERFO	AUTOPSY PRIMED? NO WHO (State) Mid that signed
0 2 2		Conditions, if o gove rise to imme (o), stoling the couse lost.  PART II. OTH  20c. EXTERNAL CAL PRIMARY Nor COL CAUSE OF DEATH.  20c. TIME OF INJUI Hour a.m. p.m.  21. I certify the	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  ny, which diote couse underlying DUE TO  HER SIGNIFICANT CON  USE WAS  NTRIBUTING D  RY Month, Day, Yee  and I toak charge	Db. DESCRIBE  TO 20d. II  While of wore af the re	HOW INJURY OCCUR  NOT WORK OF	RED. (Enfoctor)	TRELATED TO THE TERM  Ter noture of injury in Pa  Lec Len T  E OF INJURY (Home, farmy, street, office bldg., etc.)  e, held an Autapide , Hamicid	AINAL DISEA  ort I or Port I  COll  m, 20f. (Cit c.)  e  , L  examiner [  CAL EXAMIN	SE CONDITION OF THE SECONDITION	GIVEN I	IN PART 1(a) 15	P. WAS PERFO	AUTOPSY PRMED? NO Who (State) Md
2 2	MEDICAL	PART 1. DEA' Conditions, if o gove rise to imme (o), stoting the couse lost.  PART 11. OTH  20c. EXTERNAL CAL PRIMARY IN or COI CAUSE OF DEATH.  20c. TIME OF INJUIT Hour o.m. p.m.  21. 1 certify the death resulted ACTUAL SIGNATURE  EXAMINER'S NAME (Typo)  BURIAL, CREMATIC REMOVAL (Specify)	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  ny, which diote couse underlying  DUE TO  (c)  HER SIGNIFICANT CON  USE WAS NTRIBUTING   RY Month, Day, Yea  THE THE THE REC  NT 194  NT 122b. DATE THE REC  IMMEDIATE CAUSE (o)  DUE TO  (c)  HER SIGNIFICANT CON  THE SIGNIFICANT CON  AND THE THE THE REC  ON 1, 122b. DATE THE REC	A PRINCIPLE OF THE PRINCIPLE OF T	TASSEC. NAME OF CEMET	BUT NO RED. (En PLAC foctor Suic	TRELATED TO THE TERM  Ter noture of injury in Pa  2 2 2 4 2 2 7  E OF INJURY (Home, farm, street, office bidg., etc.  2 4 4 7  E of injury (Home, farm, street, office bidg., etc.  A street, office bidg., etc.  A but 13  E of injury (Home, farm, street, office bidg., etc.)  E of injury (Home, farm, street, office bidg., etc.)  E of injury (Home, farm, street, office bidg., etc.)	Brain  MINAL DISEA  AITH I OF PORT I  COLL  M, 20f. (Cit  Sy	SE CONDITION CO.  I of item 18.)  ision was ri y or town)  Inspection [ Indetermined  ATION (City, town	GGIVEN I	IN PART 1(a) 19  decea a bi (County) (County) (See	P. WAS PERFO	AUTOPSY PRIMED? NO SIGNED  SIGNED
1000	MEDICAL	PART 1. DEA  Conditions, if or gove rise to immer (o), stoting the couse lost.  PART 11. OTH  20c. EXTERNAL CAL PRIMARY Nor COI CAUSE OF DEATH.  20c. TIME OF INJUIT Hour o. m. p. m.  21. I certify the death resulted ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  BURIAL, CREMATIC	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  ny, which diote couse underlying  DUE TO  (c)  HER SIGNIFICANT CON  USE WAS  NITRIBUTING   RY Month, Day, Yea  T-21 196  nat I toak charge from: Natural	A PRINCIPLE OF THE PRINCIPLE OF T	HOW INJURY OCCUR  HOW INJURY OCCUR  NJURY OCCURRED  Not white emains described Accident	RED. (Enfoctor)  A BUT NO RED. (Enfoctor)  A BUT NO RED. (Enfoctor)  RY OR O	DI RELATED TO THE TERM  For noture of injury in Pa  2 C	AINAL DISEA  AINAL DISEA  AINAL DISEA  AINAL DISEA  CO11  CO11  M, 20f. (Cit  EXAMINER CAL EXAMINER  CAL EXAMINER.	SE CONDITION OF THE SE CONDITION (City, town of the And	We did not country in a country	IN PART 1(a) 15 (County) (County) (See	P. WAS PERFO	AUTOPS: ORMED? NO D  (State  M d  find th

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 16192

	1. PLACE OF DEATH a. COUNTY MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission)     STATE
	W160m100	VIFGINIA accamas
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY ON TOWN (If autside carporate limits, write RURAL and give nearest town)
	Satisbury	Wattsville
0	d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
0	Peninsula General	ON A FARM? YES NO 🔯
	3. NAME OF First Middle	Last 4. DATE Manth Day Year
	(Type or print) Rae Virginia	HINNON DEATH May 16 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	F Col WIDOWED DIVORCED	9-9-14   lost birthday)   Months Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind af wark dane during mast of warking life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-	Laborer Farm	Virginia USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ПЪ II	DAL 3 D'
	Thomas Harmon  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.   11	Ethel Bivins Address
	(Yes, no, or unknown) (If yes, give war or dates of service)	
	213 18 4165	John S. Hinmon Wattsville, Va.
	18. CAUSE OF DEATH [Enter only one cause per, line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	endinverse for Rend Disease ONSET AND DEATH
	IMMEDIATE CAUSE (a) Pyperlensive	Sign.
	DUE TO	
	Canditians, if any, which ) (b)	
	gave rise to immediate DUE TO	
q	cause (a), stating the <u>under:</u> lying cause last.  (c)	
	(0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	E STATE OF THE SIGNATURE AND TO SEATH BUT	PERFORMED?
	CA	YES NO NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II of item 18.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State)
	Haur a.m. While Nat while fac	tary, street, affice bldg., etc.)
	p. m. 19 at wark at wark	
	21. I certify that lattended the deceased fram 7//6	196/, ta 3/16 196/that I last saw the deceased
	alive an 5/15/ 1961, and that death	accurred at 4 A M, from the causes and an the date stated above.
		ADDRESS (Street, Gty or lown, state)  DATE SIGNED
	ACTUAL SIGNATURE & Said & Silver	111 /2 10 5-11/1
	SIGNATURE & act & Delessore	M.D. Halistury, Many and 0 /16/6/
	PHYSICIAN'S	
Λ	NAME (Type) David J. Gilmore	
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (State)
	REMOVAL (Specify)	
		Methodist Wattsville, Va.
	23. FUNERAL DIRECTOR'S SIGNATURED Sumbles ADDRESS	
	ViEiThmas Functal Home (Accounted	Va. DATE MAY 22'61 Cirthur S. Krans

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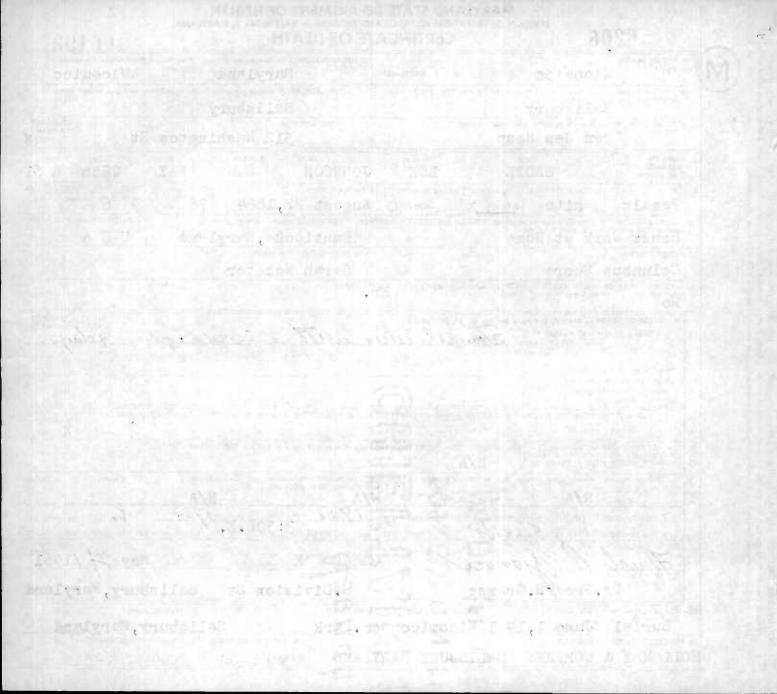
VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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a. COUNTY	Wicomico		MARYI	1	USUAL RESID		ylan	lived. If institution b. COUNTY		omic	
b. CITY OR TOWN RURAL and give	(If autside carporate limi negrest tawn) Salisbury	ts, write c. LEN	GTH OF STAY I	IN 1b	c. CITY OR T		iside carpo	rate limits, write RI	URAL and give r	nearest taw	vn)
d. NAME OF HOSP OR INSTITUTION	Pen Gen H	ive street address)			d. STREET A		Was	hington	St	ON	A FARM?
3. NAME OF DECEASED (Type or print)	SAD		Middle LEE	J	OHNSOI		4. DATE OF DEATH	MAY	28	Day	Year 19 61
5. SEX Female	6. COLOR OR RACE White	7. MARRIED [] I	NEVER MARRIE		agust		884	9. AGE (In years last birthday) 70 yrs.	Manths Dog	AR IF UND	DER 24 HRS Min.
10a. USUAL OCCUPAT during most of wa HOUSE W	ION (Give kind of work orking life, even if retired OPK at HO	dane 10b. KIND O	F BUSINESS OF	R INDUSTRY				yland	U S		COUNTRY
13. FATHER'S NAME Columbu	s Moore			14	Sara]	MAIDEN NA					
	ER IN U. S. ARMED FOR Ilf yes, give war or dates of s		SECURITY NO.	Mr	MANT	-15		Addr	ress	16	
Canditians, if gave rise ta cause (a), stoting lying cause last	immediate DUE TO	)	nu l	llix.	wu	A He	ing	rykaz	e 4	Blay	<i>(</i> 2
CATIC	THER SIGNIFICANT CON	20b. DESCRIBE HO							'EN IN PART 1(a	PERF	ORMED?
(IF EITHER, NOTIF	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	N/A	517 H450K1 O	CCORRED. (E	ner nerere e						
W 20c. TIME OF INJU	TAT / 8 10	While _ No	occurred at while wark	20e. PLACE factory,	OF INJURY (I street, office	Hame, farm, bldg., etc.)	20f. (City	or town) N/A	(Cauni	(Y)	(State
	at (I) (this haspital	attended the			996 h accurred	3:3	P. M	1728 The causes an	d an the da		
22a. SIGNATURE  HASA  22c. PHYSICIAN'S	(2)	anse	/	M.D.	ATTENDING PHYS.	DIRE	ctor 🗆	STAFF PHYS.	May 2	9/1	26. DATE SIGNE 961
NIAME /Tues						visio			sbury,	Mary	land
23a. BURIAL, CREMATI REMOVAL (Specif BURIAL	u)		comico					rion (City, town, o			ate) 1 <b>d</b>
24. FUNERAL DIRECTO	R'S SIGNATURE & COMPANY		DDRESS BURY M	A DVT /	NID	25a. REC'D	BY REGIST		STRAR'S SIGNA	TURE	
TOTHOUSE	O COLIT WILL	DWTTD.	DOUT I	MULL	TIND	DATEMAY	3 6	(10)	Church X The	ALLAN .	



TO HOS), AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, aparth and within 72 hours after death

VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

- 3/11/					
1. PLACE OF DEATH			2. USUAL RESIDEN	CE (Whara decaasad lived, If institution: Re	esidence balore edmission)
a. COUNTY Wicomico	0	MARYLAND	a. STATE Mary	yland b. COUNTY Do	rchester
b. CITY OR TOWN (if outside c write RURAL and give near		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate limits, write RURAL and	giva neerast lown)
Salisbury, Mary		6 days	Vie	nna, Maryland	04X-)
d. NAME OF HOSPITAL OR IN	STITUTION (if not in ho		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Deer's Head			Rt.		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yaar
(Typa or print)	Elmer	T.	Jones		7 19 61
5. SEX 6. COLO	OR OR RACE 7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IF UNDER 1	
Male Neg	ro WIDOWE		ug. 5. 191	0 50 yrs.	Deys Hours Min.
10e. USUAL OCCUPATION (Give done during most of working life,	kind of work 10b. K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & Stata, or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
rarmer		arming	Dorcheste	er County, Md.	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Theo	dore Jon	es	Fi	orence Molock	
15. WAS DECEASED EVER IN U.S. (Yes, no, or unknown)   (Ifyesgivaw		SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
No		15-12-6051	Arelia J	Tones, RrD. 1 Vienn	a. Md.
18. CAUSE OF DEATH [Er				71100 9111 01111	INTERVAL BETWEEN
PART I. DEATH WAS CA	AUSED BY: R	ecurrent Cerebr	al thrombosi	is	5 min.
3	4				
Conditions, if eny, which	· ·	erebral A. S.			Years
geva risa to immadiate cause	(b)				
(e), stating the underlying cause last.		rteriosclerosis	General		Years
	ANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NO	T DELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
OLI N. OTHER SIGNATE	ANT CONDITIONS CO.	VINDOMAC TO DEATH SOT NO	T REPLECTO THE TENNI		PERFORMED? YES NO
PART II. OTHER SIGNIFIC  OF CONTRIBUTING CAUSE  (IF EITHER, NOTIFY MEDICAL	OF DEATH	CRIBE HOW INJURY OCCURED.	, (Entar neture of injury in	Part I or Pert II of item 18.)	
20c. TIME OF INJURY Mo	onth, Day, Yaar 20d. Whil 19 at wo	aNot While fect	CE OF INJURY (Home, fari ory, streat, office bldg., etc		nty) (Stete)
21. I certify that (I) (	this hospital) atten	ded the deceased from	May 22,	1961, to May 27, 19	61 that (I) (we) last
				P.M, from the causes and on t	he date stated above.
22a. SIGNATURE	/	0			22b. DATE
	V. Wal	ely. M	DILLING	MED. STAFF May	28, 1961 IGNED
22c. PHYSICIAN'S NAME (Type)	Maldve, M.	D.	22d. ADDRESS	alisbury, Maryland	
	. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town or county	') (Steta)
REMOVAL (Specify) 5	/31/1961	Aireys Ceme	terv	Dorchester Cou	nuv. Md.
24 FUNERAL DIRECTOR'S SIGNA		ADDRESS		C'D BY REGISTRAR   256. REGISTRAR'S S	
7/4/12 X/1/1/	Allast	Wambridge	. Ma. DATE	MAY 31 '61 archur.	8. Kraus
Mary 11/0	6	7	7		

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Parmer John Sarring To Doroles or House, No. 190.

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MARYLAND STATE DEPARTMENT OF HEALTH

Wicomico

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12. CITIZEN OF WHAT COUNTRY?

USA

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(State)

Md.

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(County)

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YES NO P

Year

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MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) . COUNTY a. STATE b. COUNTY Page MARYLAND b. CITY OR TOWN (it outside corporate limits, write RURAL and give nearast town) Maryland Wicomico c. LENGTH OF STAY IN 16 Eden A NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? YES NO Route # NAME OF DECEASED the DEATH (Type or print) 6. COLOX R RACE 7. MARRIED NEVER MARRIED 2 with IF UNDER 24 HRS. DATE OF BIRTH AGE (In years last birthdey) Months Hours WIDOWED T DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 14. MOTHER'S MAID NAMED pages 13. FATHER'S NAME Sarah Wessels 16. SOCIAL SECURITY NO. (Yes, no. or unkown) | (If yes give wer or detes of service) Father: Oliver King, Eden, Md INTERVAL BETWEEN CAUSE OF DEATH Itnier only one cause per line for (a), (b), end (c). Office along ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: or removal, and IMMEDIATE CAUSE (a) Asphyxia Sudden DUE TO Conditions, if env. which geve rise to immediate cause 35 3 DUE TO (a), steting the underlying **Examiner** pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? 8 execute the certificate, writing the word Id be forwarded to the Chief Medical E YES TO NO F plnods 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) Infant sleeping in double bed with parents found Page 3 sho dead in A M , 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Steta) factory, street, office bldg., etc.) Whila Not While ease execute the certificate, w should be forwarded to the FUNERAL DIRECTOR: Pa at work at work Wicomico Eden Home 21. I certify that I took charge of the remains described above, held an Autopsy Inspection V. Inquiry y and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide | CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Earl L. Royer, DEPU NAME (Type) LA FILE Camden 2c. Ave of CENTER JR PRIMATORY 122d, LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 p DURIA FRIENDSnip CEM 23. FUNERAL DIRECTOR VS. AISME Jolley,

S S WILLSH The first that the same of the same A. Sarahan Sant's adaption at an Bed widow mit dispers him by The province Linder Lev Vincenna To AND DESIGNATION OF THE SECOND THE RESERVE TO THE WALL OF SHOE STREET

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH a. COUNTY	Wicomico		MARY	LAND	2. USUAL RESIDE	NCE (Where		ed. If institution b. COUNTY		befare admis	ssion)
b. CITY OR TOWN ( RURAL and give n	(If autside carporate limi leagest town) Salisbury		c. LENGTH OF STAY	IN 1b	c. CITY OR TO	Salis		limits, write R	URAL and giv	e nearest taw	n)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g		address)		d. STREET AD		3(De	lmar :	Ra)	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir BAI		Middle BOY		LAMB	4	DATE OF DEATH	MAY	#2x28	Day th	Year 19 61
S. SEX			ED NEVER MARRI		DATE OF BIRTH	2:28	A. M. 9.	AGE (In years ast birthday)	Manths D	YEAR IF UND	
Male	ON (Give kind af wark	WIDOWE		_	May 3		fareian count	yrs.	12. CITIZE	N OF WHAT	COUNTRY
None  None	rking life, even if retired		one			sbury	Mary				A
Unk							Layf	ield			
15. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO		Helen S	C.La alisb	yfiel ury.M	d(R.D	#3 <b>†</b> De	elmar	Rd
Canditians, if a gave rise to cause (a), stating lying cause last.	the under-		Bense Hyles Controlling to de	eel Ley ATH BUT I	drace NOT RELATED TO T	CZE CO	LL DISEASE CO	ONDITION GIV	VEN IN PART 1	PERF	
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	N/A	CCURRED	. (Enter nature of	injury in Par	t I ar Part II o	of item 18.)			
20c. TIME OF INJU Haur a. m. p. m.	RY Manth, Day, Ye N/A 19	20d. IN While at wark	NJURY OCCURRED  Nat while at wark	fact	CE OF INJURY (Heary, street, affice I		20f. (City or	tawn)	(Ca	unty)	(State
21. I certify the sow the deced 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	ot (I) (this haspital ised alive on	J.	enth	that de	ATTENDING PHYS. 22d. ADDRES	MED. DIREC		STAFF PHYS.			
23a. BURIAL, CREMATION REMOVAL (Specify Burial	ON, 23b. DATE THEREC	F	23c. NAME OF CEM	-			d. LOCATION	(City, town,		(Sto	ote)
24. FUNERAL DIRECTOR		701	ADDRESS	10 00	-	25a. REC'D E	BY REGISTRAR	2Sb. REGI	STRAR'S SIGN	NATURE	
HOLLOWAY	& COMPAN	SA	ALISBURY	MAR:	LAND	DATE MA	Y 9 '6	1 (	Orthun S	. Thank	
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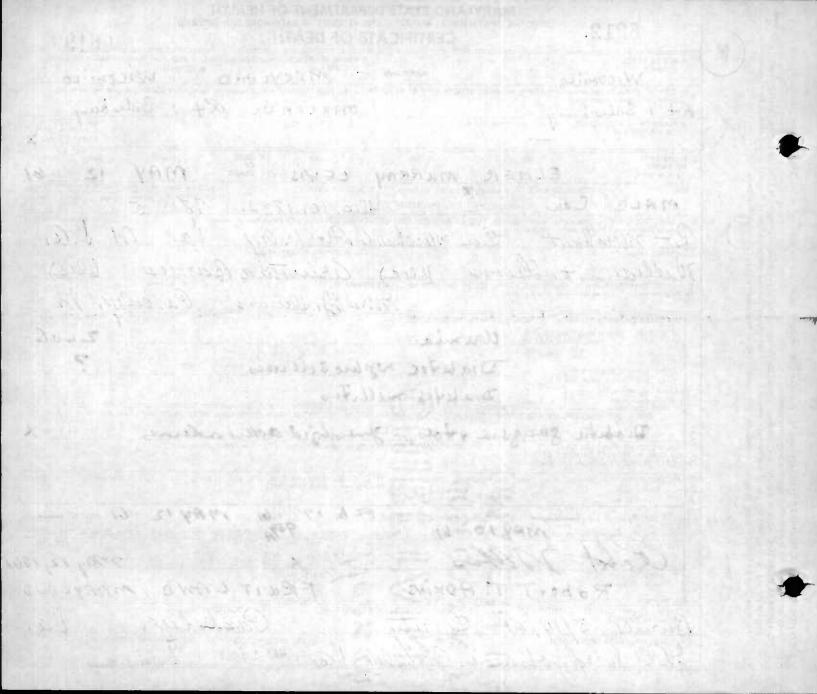
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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH Il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND NICOMILO erol c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 pe RURAL and give neasest town) Sales buy the fund OPAILLED ON Sales Lung NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. AS RESIDENCE OR INSTITUTION ON A FARM? 5 YES NO NO pup ₽. 3. NAME OF Middle 4. DATE Last Month Day Year filled DECEASED ages 1 ELMER MURRA DEATH (Type or print) 19 fter death 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED B. DATE OF BIRTH campletely last\_birthday) Days Manths Hours WIDOWED [ DIVORCED | 10g\_USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup carban 13. FATHER'S NAME physician remave 12 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO attending that the death INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO replus sclerais þ Conditions, if ony, which has been signed gove rise to immediate per DUE TO cause (a), stating the underburial-transit lying couse last. attending physician OL 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) crematian PERFORMED? YES NO NO OR CONTRIBUTING | CONTRIBUTING |
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) certificate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour a. m. While Not while of work of work p. m. 21. I certify that (I) (this hospital) attended the deceased from Fob. 196/ . to MAN 12, 1961, that (1) (me)-last 19.61, and that death accurred a 25%M, from the causes and an the date stated above saw the deceased alive an MAY TO FUNERAL DIRECTOR: Hed 22a. SIGNATURE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. of pe PHYS. M.D. Ded ned 22c. PHYSICIAN'S 22d. ADDRESS 3 should NAME (Type) FRUIT LAND page 3 sh the State | 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY OCATION (City, town, or county) EMOVAL (Specifi 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) arthur & Know 15M 9/59



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death. Page 4 may be retained by the hospital or attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shou	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Wicomico Dorchester Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) Cambridge, Maryland 42 days Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? DEER'S HEAD STATE HOSPITAL Rt. 2. Stone Boundary Road YES NO NAME OF Middle 4. DATE Month DECEASED (Type or print) Julia Ann McKinley DEATH May 61 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Female Negro 1883 WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Unknown None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive werordetes of service) Deer's Head Hospital Records, Salisbury, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease, Decompensated IMMEDIATE CAUSE (e) DUE TO Arteriosclerosis, general and cerebral Conditions, if eny, which (b) gave rise to Immediate cause DUE TO (a), stating the underlying couse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? (2) Decubitus ulcers, severe NO X Lues: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) fectory, streat, office bldg., etc.) While Not While Hour a.m. at work at work p.m. , 19.61 to May 29. 19.61, that (I) (we) last saw the deceased alive on May 29, 1961, and that death occurred at 27,4 from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED uerman DIRECTOR PHYS. PHYS. AA D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) V. Juerman. M. D. Deer's Head State Hospital, Salisbury, Md. 236. BURIAL CREMATION, 236. DATE THEREOF DEMETERY OR GRENATORY 23d. LOCATION (City, Jown or county) 24 FUNERAL DIRECTOR'S SIGNATURE JUN 5

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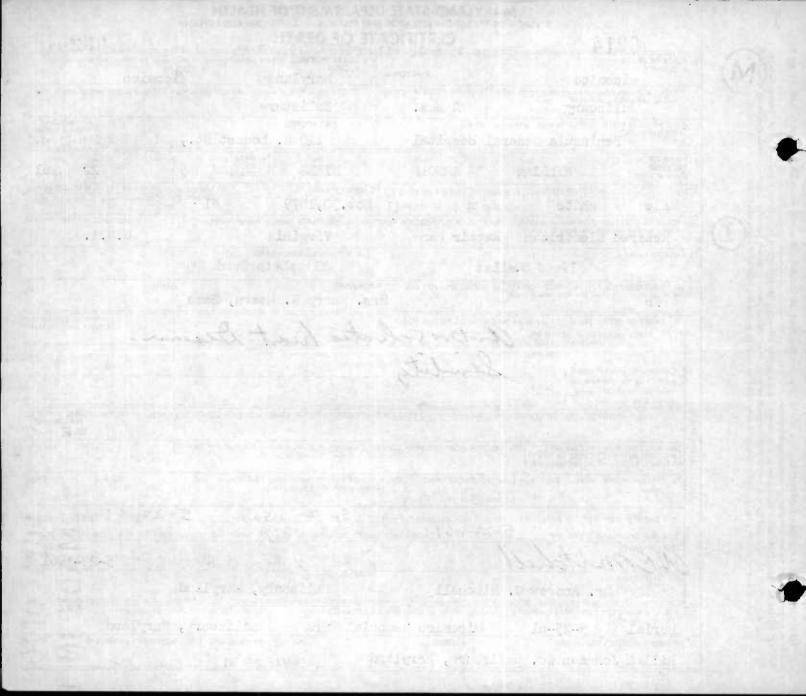
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MARYLAND STATE DEPARTMENT OF HEALTH



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ADDRESS (Street, city of town, state) DATE SIGNED

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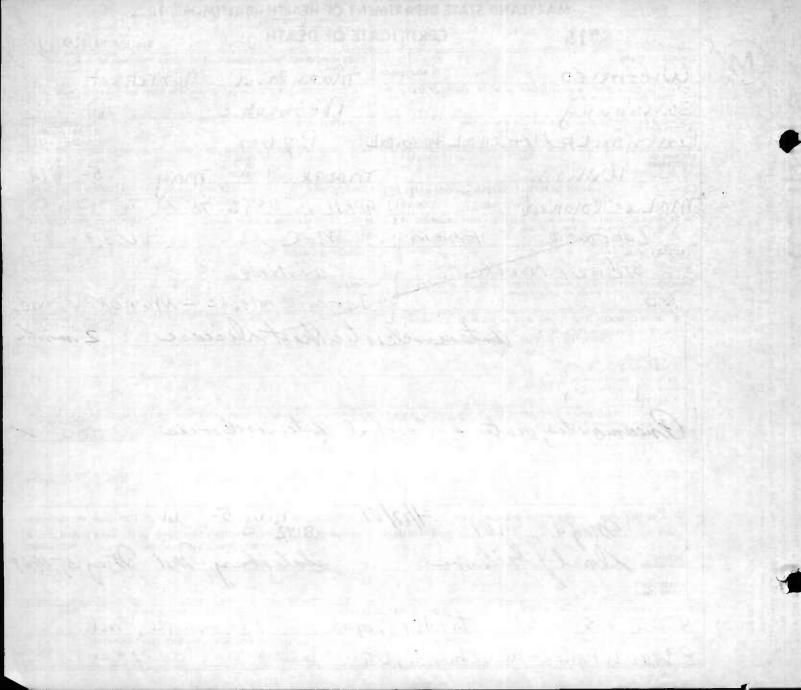
22d. LOCATION (City, tawn, or county)

24b. REGISTRAR'S SIGNATURE

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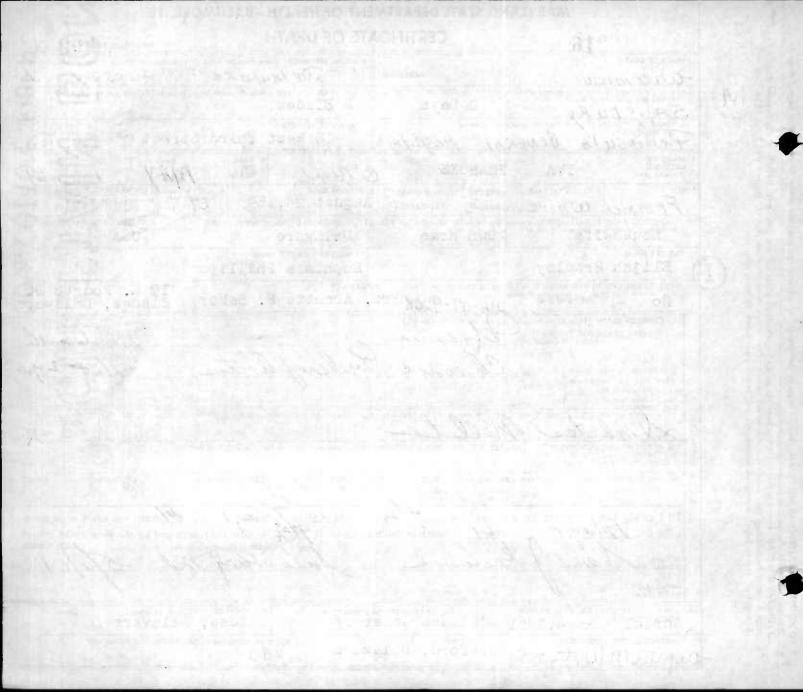
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

O	211		CERTIFI	CAIL	OF DEATH	1			fil	691	1/1
PLACE OF DEATH O. COUNTY	icomico		MARYL		USUAL RESIDENCE (M	where decease	d lived. If instituti b. COUNTY			re admis	sion)
b. CITY OR TOWN RURAL ond give	(If outside corporate lim nearest town)	its, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF	outside corpo	prote limits, write R	URAL ond	give ne	arest tow	n)
Pittsv			25 Yrs.			tsville	9				
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, (	give street	oddress)		d. STREET ADDRESS					ON A	SIDENCE A FARM? NO K
B. NAME OF DECEASED (Type or print)	JAMES	rst	FRANKL/	N	Lost PARKER	4. DATE OF DEATH	Mor 5	nth	18	у	Year 19 61
s. sex Male	6. COLOR OR RACE White	7. MARR	DIVORCED		oril 24,189	90	9. AGE (In years last birthdoy) 71 yrs.	Months Months	R 1 YEAR Doys	IF UND Hours	ER 24 HR Min.
during most of wo	ION (Give kind of work orking life, even if retired	1)		INDUSTRY	11. BIRTHPLACE (Stote	e or foreign o	country)	12, CI			COUNTRY
3. FATHER'S NAME	AR Retired	ranne	r Own Farm	114	Mary La	NAME	100		U	S.A.	
	an Parker				Annie Bai						
	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17, INFOR			Add	ress			
(Yes, no, or unknown)	(If yes, give wor or dates of	service)		Mana	Nellie F	Domle	ow Come				
Conditions, if gove rise to couse (o), stotin lying couse los	g the under-	Thy	faithrais	7	returnsel			uml	dra	tely)	DEATH
20g. ACCIDENT V	VAS UNDERLYING		CRIBE HOW INJURY OC					VEN IN TA	KT 1(0)	PERFC YES	ORMED?
OC. TIME OF INJUING HOUR QUEN P. m	JRY Month, Doy, Ye	While			OF INJURY (Home, far street, office bldg., et		y or town)		(County)		(Stot
	nat (1) (this haspita ased alive on 5		ed the deceased f			-	the causes or			, ,	
220. SIGNATURE	uk Lewer	_		M.D.	ATTENDING N	MED.	STAFF	4(1)	19-1	22	2b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)		R. Le	wis		22d. ADDRESS Willa:	rds, M	aryland				
23a. BURIAL, CREMAT REMOVAL (Specif Burial	10N, 23b. DATE THEREG		23c. NAME OF CEMET	Mark Control			tsville,			(Sto	te)
24. FUNERAL DIRECTO	or's signature Johnson Co.	Sali	sbury, Mary	rland		C'D BY REGIS		STRAR'S S			

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			, ob manufacture co.	

FOR STATE HEALTH DEPT. TO DEPOST MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any desay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, end in any event within 72 most gater death.

MARYLAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE 1, MARYLAND

6218 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06205

1.	PLACE OF DEATH			X 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. USUAL RESIDE	NCE (Where dec	eesed lived, If Institut	ion: Rasiden	ce before	admisslo
Wicomico Maryland			a. STATE	yland	b. COUNTY	Wic	omic	0		
		outside corporete limit	5.	c. LENGTH OF STAY IN 18	_	-W	rate limits, write RURA			
		giva nearest town)			1					,
		lisbury				tsville	0			
D	d. NAME OF HOSPIT	AL OR INSTITUTION (if	not in hos	pitel, give street eddress)	d. STREET ADDRESS	s .				A FARM
	Peninsul	a General	Hos	pital	Box 61				YES	NO X
3.	NAME OF	First	1100	Middle	last	4. DATE	Month	Day	Yea	r
	(Type or print)			_		OF DEATH	701		10	
_		Richard			sons		5-2-6		19	
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH		AGE (In years IF UN last birthday)	ths Doys	IF UNDER	
	M	W	WIDOWE	DIVORCED	July 11.	1941	19 yrs.	ns Deys	Hours	Min.
		ON (Give kind of work		ND OF BUSINESS OR INDUS		e or foreign coun	itry)   12	. CITIZEN O	F WHAT	COUNTRY
de	-	king life, even if retired			267	3		TT O	A	
12	FATHER'S NAME		H'S	rming	Maryl		1	US	A	
13.	PATHER S NAME									
	Lester	R. Parson	as		Dell	La Tru				
		R IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17	INFORMANT		Address			
(10		yesgive weror detas of se	rvice)		Father: Mr	. Leste	er Parson	as		
=	No I IS CAUSE OF D	RATH IEnter only one	cause per li	ne for (e), (b), end (c).)	Pittsvill	e. Md.		1 100	TERVAL BE	TWEEN
		WAS CAUSED BY:		, (0), (0), 0 (0).					SET AND	
3		MMEDIATE CAUSE (+)_	Tra	umatic pneu	mothorax-	left		M	inut	95_
	816	DUE TO								
	Conditions, if any,	which ) (b)	D1120	cture wound	of cheat					
	gave rise to immedia	te couse	- tun	coure wount	TOT CITED .					
	(a), stating the un	derlying DUE TO								
	causa last.	) (c)_								
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE CO	ONDITION GIVEN IN			NO TO
	20a. EXTERNAL CA PRIMARY 1 or COI CAUSE OF DEATH.	NTRIBUTING	b. DESCRI	BE HOW INJURY OCCURED	(Enter nature of injury In Particular in Par			ion-		
MEDICAL	20c. TIME OF INJUI			NJURY OCCURRED   20a. P	LACE OF INJURY (Home, fa	rm, ' 2Df. (City o		(County)		(State)
E C	Hour e.m.		While	THOU WE WILLIAM	actory, street, office bldg., e					200
Z	0:30 PA.	M. 5-2-6		THE STATE OF THE S	ghway		Labury W	7		Md.
	21. I certify th	at I took charge o	the rem	ains described above,	held an Autopsy,	Inspection	Inquiry ]	and and	in my c	pinion
	death resulted fi	rom: Natural ca	uses .	Accident X , Su	icide Homicide	, Und	etermined manne	r		
	LY LATER TO SERVICE TO	6 0			CHIEF MEDICAL	L EXAMINER				
	ACTUAL	/ Full	1/4	~ /	ASSISTANT ME	FDICAL EXAMINES		r	DATE SIG	ENED

EXAMINÉR'S NAME (Type)

Earl L. Royer,

DEPUTY MEDICAL EXAMINER

DATE

5-4-61

(Stete)

1107 Camden Ave Salisbury Adding Street, city, town, or county)
22c. NAME OF CEMETERY OR CREMATORY | 22d. LOCATION (C 22d. LOCATION (City, town, or country)

220. BURIAL, CREMATION, REMOVAL (Specify) Burial
23. FUNERAL DIRECTOR

5-5-61

Pardue Cemetery

Powellville, Md,
24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

Salisbury, Md. Holloway and Co.

'61 arthur S. Kraus

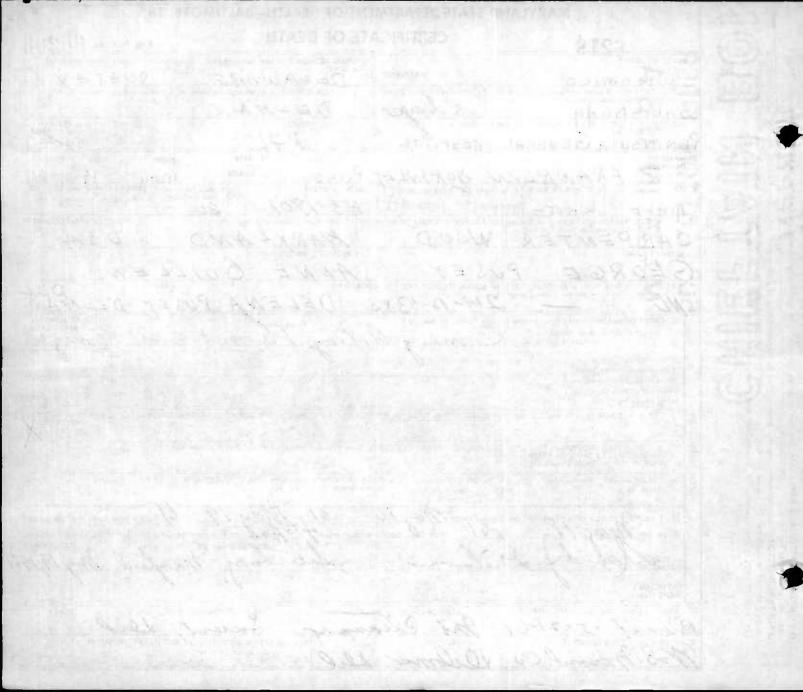
VS. ATSME SM 9/60

S) steel les Indicach Laucach micutina Tiefe and the analysis and the second Sundaying 1 THE DESCRIPTION OF THE PERSON enter . Persons anagen tained . Mi : ttm tel TO THE TRANSPORT OF THE PROPERTY OF THE PROPER se consideration and the second of the second . notalitop was out it bevieved man to world . Bit codecoli gradaline se estamble of en il - [1-8-2 . H. J. Hollaway and Ca. Salisbury, Ma. Carta S at

VS A15 (4) 15M 9/5B M

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	6219 CERTIFIC	ATE OF DEATH	Reg. Dist. No. (1621)6
) [	PLACE OF DEATH  a. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: a. STATE b. COUNTY	Residence befare admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RUR	
-	SALISBURY 3 days	DELMAR	
F	d. NAME OF HOSPITAL (If no in hospital, give street address) OR INSTITUTION ENINGULA GENERAL HOSPITAL	d. STREET ADDRESS P710.	6 X - S RESIDENCE ON A FARM? YES NO
3	NAME OF First Middle DECEASED	Last 4. DATE Manth	Day Year
1	(Type or print) FRANKLIN MCKINLE	PUSEY DEATH MA	19 19 19 6/
5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthday)	Wonths Days Haurs Min.
1	On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	CARPENTER WOOD	MARYLAND	08/4
1.	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	GEORGE PUSES	ANNE QUILL	EN
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Addres	D2=1
-	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	O VELEIVA TUSES	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	It. It muchous	ONSET AND DEATH
	DUE TO	mery commer-	Says
	Canditians, if any, which ) (b)		
1	gave rise to immediate cause (a), stating the under-		
1.	lying cause last. (c)		
101247	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	YES NO PART 1(a) 19. WAS AUTOPSY PERFORMED?
_		ED. (Enter nature of injury in Part I ar Part II of item 18.)	
100	20c. TIME OF INJURY Manth, Day. Year 20d. INJURY OCCURRED 20e. P Haur a. m. While Nat while of wark at wark	LACE OF INJURY (Hame, farm, 20f. (City ar tawn)	(Caunty) (State)
274	p. m. 19 at wark at wark	Chi.	
	21. I certify that I attended the deceased from I and I	, 196/, to May 19, 196/, th	ot I lost sow the deceosed
	olive on that deor	h occurred atM, from the couses ond ADDRESS (Street, atty or town, sto	
	SIGNATURE and Dilume	Selisbury Maiss	la D May 19 19
1		11	and the first
L	PHYSICIAN'S NAME (Type)		
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (	OR CREMATORY 22d, LOCATION (City, tawn, ar	caunty) (State)
1	Burn 5-21-61 The Ple	asang Jacent,	Col.
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	4 0 0 1111 0 0 104	Chuy S. Hinna
1	1 - Marie a Mame	MAIE TOTAL SOM OF	a. / halla



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

6220

06207

1. PLACE OF DEATH a. COUNTY	Wicomico			MARY	LAND	2. USUAL RESIDENCE o. STATE Mary		ed lived. If institut b. COUNTY		lin	re admiss	sion)
b. CITY OR TOWN	(If autside carporate lim	its, write	c. LENG	TH OF STAY	IN 1b	c. CITY OR TOWN		orate limits, write I	RURAL ond	give nec	rest town	n)
RURAL and give r	nearest town)					Dentor			0.5		7	
Salisbury	<b>Y</b> ITAL (If nat in haspital, (			4/24/	101	d. STREET ADDRE			00		IC DEC	DENICE
OR INSTITUTION											o. IS RES	
Pine Blu	uff State	Hospi	tal			Hobbs	Road				YES _	] NO [
3. NAME OF DECEASED	Fi	rst		Middle		Lost	4. DATE	Мо	nth	Da	у	Year
(Type ar print)	St	tanle	У	-		Reed	DEATH	Ma	У	17		1961
S. SEX	6. COLOR OR RACE	7. MARR	IED N	EVER MARRIE	D 🛣 8	. DATE OF BIRTH		9. AGE (In years				ER 24 HRS
Male	White	WIDOWE	D 🗆	DIVORCE		7/25/1893	1	69 yrs	Months	Doys	Hours	Min.
10a. USUAL OCCUPATI	ION (Give kind of work	dane 10b.	KIND OF	BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (	State or foreign	country)	12. CIT	IZEN OF	WHAT	COUNTRY
during most of wor	rking life, even if retired	)	Farm	ing		Caroli	ne Co.,	Md.		US	A	
13. FATHER'S NAME			1 0,2 11			14. MOTHER'S MAIL					-	
	n Reed							Buckmast	020			
-	ER IN U. S. ARMED FOR	CECO IV	SOCIAL S	ECHBITY NO	17 (6)	FORMANT	nerine .		dress			
[Yes, no, or unknown]	(If yes, give war or dates of		SOCIAL S	ECURIT NO.			D					
No					R	ecords of	Pine B	Iurr Sta	te no	spi	tal	
Conditions, if gave rise to couse (o), stoting lying cause lost.	the under-	)	Pul	Lmonar	y Tu	berculosi	s			ONS	-	DEATH ear
20g. ACCIDENT W	VAS UNDERLYING					NOT RELATED TO THE			VEN IN PAI	RT 1(0) 1	PERFC	AUTOPSY DRMED?
(IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)	28.00										
20c. TIME OF INJU Hour a. m. p. m.	10	20d. It While at work	NJURY OOk	CURRED while work		CE OF INJURY (Home, ory, street, office bldg		ty or town)	(	County)		(State
	at (1) (this haspita ased alive an <u>Ma</u>				that d	April 24 eath accurred at		the causes a			stated	
22c. PHYSICIAN'S NAME (Type)	E. P. Ri	tchin	igs			22d. ADDRESS	A - 1,000	Marylan	d		0, 1	, 01
230. PURIAL, CREMATIC		1961	23c. N/	AME OF CEMI	ETERY OF	CREMATORY	23d. LOCA	ATION (City, town,	or county)	us	(Sto	te)
24 PUNERAL DIRECTOR	97/1	res	(AD	DRESS 3	2.l		REC'D BY REGIS		ISTRAR'S SI			

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06208

Reg. Dist. No.

may be reformed by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funpage 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 shauld the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. ed by the haspital ar attending physician.

TO HOSPITA

VS A15 (4) 15M 9/5B

	B. CLY OR TOWN If outside corporate limits, write RURAL and give nearest town)  B. CLY OR TOWN If outside corporate limits, write RURAL and give nearest town)  B. CLY OR TOWN If outside corporate limits, write RURAL and give nearest town)  A. L. S. D. U. G. G. U.	on) /	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  SALLS BURY	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	
A	O OR INSTITUTION	ON A F	ARM?
2	DECEASED	OF DESCRIPTION OF	1 .
B. CCITY OF TOWN If publishe carporole limits, write  C. CITY OF TOWN If publishe carporole limits, write  C. CITY OF TOWN If publishe carporole limits, write  C. CITY OF TOWN If publishe carporole limits, write RUBAL and give necrest flowe)  A. NAME OF MOSTITAL (If roat if) hospital, give street address)  D. RISTITUTON  I. S. PLU G. A. NAME OF MOSTITAL (If roat if) hospital, give street address)  D. C. SERSED  S. SEX  A. COLOR OF RACE 7. MARRIED INVER MARBIED 28 B. DATE OF BIRTH  D. S. SEX  D. C. CITY OF TOWN If publishe carporole limits, write RUBAL and give necrest flowe)  J. S. SEX  A. COLOR OF RACE 7. MARRIED INVER MARBIED 28 B. DATE OF BIRTH  D. S. SEX  D. C. CITY OF TOWN III publishe carporole limits, write RUBAL and give necrest flowe)  J. S. SEX  J. S. SEX  A. COLOR OF RACE 7. MARRIED INVER MARBIED 28 B. DATE OF BIRTH  D. D. J. S. SEX  J. S. SEX  J. C. CITY OF TOWN III publishe carporole limits, write RUBAL and give necrest flowe)  J. S. SEX  J. S. SEX  J. C. CITY OF TOWN III published carporole limits, write RUBAL and give necrest flowe)  J. S. SEX  J. S. SEX  J. C. CITY OF TOWN III published carporole limits, write RUBAL and give necrest flowe)  J. S. SEX  J. S. SEX  J. C. CITY OF TOWN III published carporole limits, write RUBAL and give necrest flowe)  J. S. SEX  J. S. AGE (In years   If RUBBER   IVADER   IVADER   IVADER    J. S. SEX  J. S.	Min.		
	10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY II. BIRTHPLACE (Signs or foreign country)  12. CITIZEN OF WHATCO	UNTRY?
	Jehn Richetts	14. MOTHER'S MAIDED NAME Stiller Bermatt	4. DATE OF DEATH  9. AGE (In years life UNDER 1 YEAR IF UNDER 24 HRS lest birthday)  9. AGE (In years life UNDER 1 YEAR IF UNDER 24 HRS lest birthday)  9. AGE (In years life UNDER 1 YEAR IF UNDER 24 HRS lest birthday)  Min.  12. CITIZEN OF WHAT COUNTRY?  Address  INTERVAL BETWEEN ONSEI AND DEATH  COLOR ONSEI AND DEATH
6	15, WAS DECEASED EVER IN D. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, no. or unknown) (If yes, give wer or dates of service)	THE CENTRAL CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED TO WAS AUTOPSY PERFO	
	PART I. DEATH WAS CAUSED BY: Unmediate Cause (o)	ONSET AND D	WEEN
	gave rise to immediate couse (a), stating the under-	peptic alea 7 day	15 ?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  A 5 C V D	PERFOR	MED?
	206. ACCIDENT WAS UNDERLYING A 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Port II of item 18.)	
	Hour a.m. While Not while	ACE OF INJURY (Home, form, 20f. (City ar town) (County) tory, street, office bldg., etc.)	(Stote)
	21. I certify find I differded the deceased fiding	accurred at 1 30 M, from the causes and an the date stated	abave.
1	PHYSICIAN'S ALERGED ALERGED	M.D. Penmuela General Hospital 3/13	/6/
	Buriou 5-15-61 Oriolo	CREMATORY (State)  Constant (State)	
	Jeons R. Milan Princes a	2 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6222

### **CERTIFICATE OF DEATH**

06209

		iteg. Dist. No. 1 to 10 to 10	
	1. PLACE OF DEATH O. COUNTY MARYLAND	Write C. LENGTH OF STAY IN 16  C. CITY OR TOWN (If butide corporate limit, write RURAL and give nearest town)  A STREET ADDRESS  C. STREET ADDRESS AND COLOR OF STREET ADDRESS AND C	
	RURAL and give nearest town)	1 1 2	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?	
	3. NAME OF DECEASED (Type or print) John First Edgar Middle	Dir. ) OFFICE MAY	
	MA/e white WIDOWED DIVORCED	5/12/88/ Jost birthdoy) Months Doys Hours Min.	
	10a. USUAL OCCUPATION (Give kind of work done during most) of working life, even if retired)  What RY	STRY 11/BIRTHPLACE/Stote or foreign coughty) 12. CITIZEN OF WHAT COUNTRY?	
	Charles W. Robinson	14. MOTHER'S MAINEN NAME	
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or Junknown) (If yes, give war or dates of service)	Harles Robinson, Mardela, Ma	
	18. CAUSE OF DEATH [Enter only one couse per lime for (o), (b), ord (c).]  PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	MARYLAND  N. [If outside corporate limits, write   C. LENGTH, OF STAY IN 1b   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown)   C. PITYOR TOWN, [If buside corporate limits, write RUBAL and give nearest fown, [If buside nearest fown, [If buside nearest fown, [If buside nearest fown, [If busid	
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	gove rise to immediate couse (o), stating the under-	Level with ascites. years	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?	
		D. (Enter nature of injury in Port I or Part II of item 18.)	
	Hour o. m. While Not while	ACE OF INJURY (Home, form, clory, street, office bldg., etc.) (City or town) (County) (Stote)	
	21. I certify that I attended the deceased fram. 4/26 alive an May 7, 196, and that death	105	
	ACTUAL SIGNATURE Purples & Sordier, &		
	PHYSICIAN'S RUBUS S. GARDNER,	TR. SALISBURY, Md.	
	220. BURIAL, CREMATION, 226. DATE THEREOF 22C NAME OF CEMETERY O		
	23. FUNTERAL DIRECTOR'S SIGNATURE BIVAIVE)		

offer death. Page 4 TO HOSPIT, OR ATTENDING PHYSICIAN: Ine raw required in the attending physician ond campletely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

The registrar priar to burial, cremation, or removal, and in any event within 72 hours after death.

Charles Policies of the little M Har the world of the second of the second of the second Contract of the contract of th the little of the state KURUS ST. BE COLLECTE STATUS OU P. VIEW LO.

## FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deep is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated egent, prior to burial, cremation, or removal, and in any event within 72 yours after death. TO DEPUT

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

6223 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (621

-	ERTIFICATE	Or	DEF	VIII		110	121	U
2.	USUAL RESIDENCE	(Where	deceased	lived,	If institution:	Residence	before	e dmissi
	e. STATE	-		h coi	INTV			

1. PLACE OF DEATH  o. COUNTY				ICE (Where deceased lived,		nce before edmission)
Wicomico		MARYLAND	o, STATE	b, co		
b. CITY OR TOWN (if outside corporate write RURAL and give nearest town)	limits, c.	LENGTH OF STAY IN 16	c. CITY OR TOWN	yland (Il outside corporate limits, w	rite RURAL end give	nearest town)
Salisbury			1 de Se	Tishurv		
d. NAME OF HOSPITAL OR INSTITUTIO	ON (if not in hospital,	give streat address)	d. STREET ADDRESS	The state of the s		. IS RESIDENCE
Wicomico Ri			100	7772 4	01	YES NO
3. NAME OF	First	Middle	last OO	Fitzwater M.	nth Dev	
DECEASED (Type or print)				OF DEATH	1	
Broo	ck Lam	ont Sa	tchell		5-8-61	19
5. SEA	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	Months Deys	
M C	WIDOWED	DIVORCED _	117 V 4. 1948	12 yrs.	Months Deys	Hours Min.
10a. USUAL OCCUPATION (Give kind of videone during most of working life, even if re		OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
Child		None	Mar	vland	U	SA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	MAME		- 21
Bogost Myon	C.		Mma Max	y Satchell		
		IAL SECURITY NO. 17.	INFORMANT	y Da GCIGA	155 A Lt.	
(Yes, no, or unkown) (If yes give we rordeta:	sofservice)		Harles	- FULLOW	atry st!	Lines
NO X	one cours not line to	None 1	Nother: Mrs	. Mary Jone	3 Nalla	Ny mil
PART I. DEATH WAS CAUSED BY		or (a), (b), and (c).)			IN O	NSET AND DEATH
IMMEDIATE CAUSE	(a) Dr	owning				Sudden-
929, 8 DUE						Suddell
Conditions, if any, which	(b)					
geve risa to Immadiate causa	· - /-					
(a), stating the undarlying DUE	10					
cause last.	(c)					
PART II. OTHER SIGNIFICANT COI	NDITIONS CONTRIBU	JTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
						YES NO THE
PART II, OTHER SIGNIFICANT COI	206. DESCRIBE HO	OW INJURY OCCURED. (	Enter neture of injury In Par	rt I or Pert II of Item 18.)		4
PRIMARY M or CONTRIBUTING	77.77					
	Fell Year 1 20d IMILIE	rom pler	pilings wh	ile fishing	• /0	
Hour a.m.	Whila	Not Whila The fee	lory, street, office bldg., atc		(County)	(Stata)
6:30p.mP.M. 5-1	2-6] at work	et work Wic	omico Rive	r Salisbury	Wicomi	co Md.
21. I certify that I took charge	e of the remains	described above, he	old an Autopsy ,	Inspection Ty, Inqu		in my opinion
death resulted from: Natural	causes , A	ccident V. Suic	ide . Homicide	, Undetermined	manner	
	7 -		CHIEF MEDICAL			
ACTUAL /	_ VS_	. /		_		
SIGNATURE				ICAL EXAMINER		DATE SIGNED
EXAMINER'S Earl	L. Roy	M.D.	DEPUTY MEDICA	35		
228. BURIAL, CREMATION, 225. DATE TH	amden A.	NAME OF CEMETERY O	DUTY Address dreet,	city, fown, or county)  22d. LOCATION (City, fow	In, or country	61 (Stete)
REMOVAL (Specify) Burial May 1	0 1006					3/7
23. FUNERAL/DIRECTOR	0,1964 8	ADDRESS ACTE	S / 1 240 DFC	Salishury	GISTRAR'S SIGNAT	Md.
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Ciny of All	West	salesia	A HO DAMAY	22'61 a	Elmo S. France	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6224 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1691) MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) director. Parvour files. a. COUNTY a. STATE b. COUNTY WICOMICO MARYLAND WICOMICO b. CITY OR TOWN (if outside corporata limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 0 SALISBURY SALISBURY Board for d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? funeral retained YES NO X State COLLEGE AVE. COLLEGE NAME OF Middle 4. DATE Yaar DECEASED 3 to the OF the (Type or print) DEATH BERNICE BUNDICK SHOCKLEY with 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. age 5 may 1 and 2 with 72 hours at last birthday) and Months Days Hours WIDOWED DIVORCED FEMALE 66 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pages 1, 2 M3. Page done during most of working life, even if retired) within and 18. Give Pass the form PM3. Pass the File pages 1 a within 7 HOUSE WIFE OWN HOME VIRGINIA U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN BUNDICK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT with for (Yes, no, or unkown) | (Ifyasgive war or dates of service) E.E. SHOCKLEY SAME 1B. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN along v fransit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO burial certificate should Conditions, if any, which (b) gave rise to immediate cause m DUE TO Examiner' (a), stating the underlying cause last. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? should be ial, cremati NO A 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of Injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. writing te Chief / Page 3 s 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, ! 20f. (City or town) the C. Page 20c. TIME OF INJURY Month, Dev. Year (State) factory, street, offica bldg., etc.) While Not While at work at work OR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry and in my opinion MEDICAL forwarded to Natural causes Accident Suicide Undetermined manner death resulted from: Homicide CHIEF MEDICAL EXAMINER execute the ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED sease execute it should be for by FUNERAL SIGNATURE. 5-31-61 DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Type) Address (Streat, city, town, or county) NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION, 22b. DATE HEREO! REMOVAL (Specify) 115 DURY, MARY Q40 9 BURIAL OH 24a. REC'D BY REGISTRAR | 24h REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME DATE JUN 2 Circhan S. Kraus 5M 7/59

HILL & JOHNSON CO., SALISBURY, AMRYLAND

GEORGE C. HILL, II

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	MARYL	AND SIA	E DEPARIM	ENT OF HEAL	TH-BALII	MORE, 1	8	
talalanan	6225		CERTIFICA	ATE OF DEA	TH	33.15	Reg. Dist. No.	06212
1. PLACE OF DEATH a. COUNTY	Wi comico		MARYLAND	2. USUAL RESIDENCE o. STATE Mary	The same of the sa	ed. If institution b. COUNTY		admission)
b. CITY OR TOWN RURAL and give r Salisby			TH OF STAY IN 16		(If autside carporate	limits, write RI	JRAL and give near	est tawn)
d. NAME OF HOSPI OR INSTITUTION 608 Wes	TAL (If not in hospital, g			d. STREET ADDRESS		St	1	IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Stanley	E.	Middle Shockle	Last <b>y</b>	4. DATE OF DEATH	Mani 5	th Day	Year 19 61
s. sex M	6. COLOR OR RACE	7. MARRIED   N	DIVORCED	8. DATE OF BIRTH  June 23, 19		GE (In years ast birthday) yrs.	Manths Days	F UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATI during most of wor Carpente	king life, even if retired)		BUSINESS OR INDU	STRY 11. BIRTHPLACE (SI		(1)	12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME Hearl	Sheckley			14. MOTHER'S MAIDE	N NAME Hayman			
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR Ilf yes, give war or dates of se			s. Essie Ma	sen. Sali	Addr Bburv. 1		
Canditians, if a gave rise to cause (a), stating lying cause last.	the <u>under-</u> DUE TO	Left	(b), and (c).]  (A)  (A)	hichla	retin	met	inter onse	eval BETWEEN IT AND DEATH My JW Lefterf
CATIC				NOT RELATED TO THETE				PERFORMED?
OR CONTRIBUTING	MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCURRE	D. (Enter nature af injury	in Part I ar Part II	of item 18.)		
20c. TIME OF INJUI Haur a.m. p.m.	RY Manth, Day, Yea		whilefa	ACE OF INJURY (Hame, I ctary, street, affice bldg.,		tawn)	(Caunty)	(State
21. I certify the	hat I attended the	deceased fran	15 M	196/, to_	22 m	190/	that I last saw	the decease

alive on

and that death accurred at\_\_\_

M, fram the causes and an the date stated abave.

ACTUAL SIGNATURE

PHYSICIAN'S
MAARE /Treme

22c. NAME OF CEMETERY OR CREMATORY

Purnell, M.D. 657 West Main St., Salisbury, Md

22d. LOCATION (City, tawn, ar county)

(State)

DATE SIGNED

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 5/28/61
23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

240. REC'D BY REGISTRAR
MAY 2 9 '61

Fruitland, Md
rEGISTRAR 24b. REGISTRAR'S SIGNATURE

Thornton B. Jelley, Salisbury, Md

DATE

arthur S. Kraus

TO HOSPITA VS A1S (4) 15M 9/SB

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of Local Park	a description (		mainer 25	
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	haft altedagt due 1900		the Hannel took does	
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MA ,	box 14 love.	and the thirt was an	12/25/5	w
		M. symie	rich Anders, Said	

FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any dear its necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division MEDICAL EVAMINED'S CEDTIEICATE OF DEATH 00000

UNAU	MEDIC	AL EXAMINER 3	CERTIFICA	E OF DEATH	00213
a. COUNTY					Institution: Residence before admission
0. 0001111	Wicomico	MARYLAND	a. STATE Mar	vland b. cou	Worcester
	f outside corporate limits,	c. LENGTH OF STAY IN 16		0	ta RURAL and give neerest town)
Salisb	give neerest town)		Rev	lin	33X-
	TAL OR INSTITUTION (if not in	n hospital, give street eddress)	d. STREET ADDRESS	TIM	I a. IS RESIDENCE
				11 0	ON A FARM
	la General		Rout	The second second	YES NO
NAME OF DECEASED	FIRST	Middla	Lasi	4. DATE Mont	
(Typa or print)	Derick		Spence	DEATH 5-	<b>-22-61</b> 19
SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED X8.	DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
M	C WID	OWED DIVORCED	11-211-58		Months Days Hours Min.
		DE. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTR
na during most of wor	rking life, avan if ratired)	Name	Manual a	~ 4	TI G A
. FATHER'S NAME	child	None	Maryla 14. MOTHER'S MAIDEN I	LICE NAME	USA
Robert	Spence	144 50014 550	Maggie	Bridell	
	ER IN U.S. ARMED FORCES? fyesgivawarordatasofservice)		NFORMANT	Addres	s
No		None	Father: Ro	bert Spence	, Berlin, Md.
18. CAUSE OF D	EATH [Enter only one cause	per line for (a), (b), and (c).)			I INTERVAL BETWEEN
	H WAS CAUSED BY:	and had	A h	90d h.	ONSET AND DEATH
01/	IMMEDIATE CAUSE (a)S	econd and thir	a degree b		
1116	DUE TO			surface	•
Conditions, if any					
geva rise to Immadia	DUE TO				
(a), steting the uncause lest.	nderlying (c)				
		CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPS
171111111111111111111111111111111111111					PERFORMED?
					YES NO Y
PRIMARY TO CO	NUSE WAS 20b. D	ESCRIBE HOW INJURY OCCURED. (E	ntar natura of injury in Pert	I or Part II of itam 18.)	
CAUSE OF DEATH.	Ch	ild trapped in	burning h	euse.	
20c. TIME OF INJU		20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm	, 20f. (City or town)	(County) (Stela)
6 P.M.	5-21-61		ory, streat, office bldg., etc.		Jamasatan Md
					Vorcester Md.
21. I certify th	at I took charge of the	remains described above, hel	d an Autopsy,	Inspection K, Inqui	and in my opinion
death resulted f	from: Vetural causes	, Accident Suici	de, Homicide	Undetermined r	nanner
THE PARTY OF THE P	1. 0	1	CHIEF MEDICAL E	XAMINER	
ACTUAL	Enl L V	L	ASSISTANT MEDI	CAL EXAMINER	DATE SIGNED
SIGNATURE	Famil T Da	Wan XIV D	DEPUTY MEDICAL		
EXAMINER'S	1	yer M.D.		Lath	5-23-61
NAME (Typa)	407 Camde		ury Add Md Street, c		the part
a. BURIAL, CREMATIO REMOVAL (Spacify)		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, tow	n, or courty) (Stata)
urial	5/23/61	Evergreen Cem.		Berlin. Mary	and
3. FUNERAL DIRECTO		ADDRESS	24a. REC	P. BY WGISTRAR   246. REG	GISTRAR'S SIGNATURE
Mb as as t				MAT # 9 '61	arthur S. Hrana
rarenten B.	. Jelley, Sali	Labury, Md	1 DATE	V 5 104	
			MCP	Y 29'61 C	Lithur S. Kraus

VS. A15ME 5M 9/60

Co.1300.5 Intigaci Ingeni Da Lyantuci Route = 3 Me Peret Diano I. Table older Mane vie Heater: Record Spones, worlingeld. Beest A. C. Stand 200 amend someth bride bre Aleest - 10 hanne . odal tur . contail guinement an haugest intait 101 Caming Ave. Sullivoury 181 - 29 ES E/SE/SI Investment too. It is not too to the second too.

Emonian L. Jelley, Bellaury, Ma-

IS RESIDENCE

ON A FARM?

YES 🔼 NO 🗍

Year

19

PERFORMED?

(Stote)

24b. REGISTRAR'S SIGNATURE

arthur S. House

240. REC'D BY REGISTRAR

DATE

1 6 '61

NO

(Stote)

YES |

Day

may be retained by the TO FUNERAL DIRECTOR: page he VS A15 (4)

1SM 9/S8

23. FUNERAL DIRECTOR'S SIGNATURE

ISAN STATE O DAMENTAD - 2007 Same and Commence to the Commence of the Comme Aprelia Barnes Tay I 1707 - 53 mm Donestic Housewife Exmore, Ya. U.S.A. Ennis Laires Florence Sirckhouse No 28347414Wellshood Sirchhouse The state of the s The state of the s Gurial 5-17-61 Elman Light Com Want-owin, Va. The second of th

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		TAUD STATE DE			
DIVISION OF STATIST	ICAL RESEA	RCH AND RECORDS	, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
0228		CERTIFICAT	E OF DEATH		(162)
	Item 6	Film G2X7	5/24/61 iwi	P	

		448 Item		OF DEATH				(1621)
0	LACE OF DEATH	omico		2. USUAL RESIDEN	rvland	b. COUNT	ry _	erset
1			MARYLAND	c. CITY OR TOWN	9	annta limite suelte		
b	write RURAL and g	outside corporete limits, iva nearast town)	c. LENGTH OF STAY IN 16					Itas testost town)
	Salisbur	y, Maryland	l l month			e, Maryl	and	
d	NAME OF HOSPITA	OR INSTITUTION (if n	ot In hospitel, give street eddress)	d. STREET ADDRESS		10	71.	ON A FARM
	Deer'	s Head Stat	te Hospital	23 Bee	echwood		/ X-	YES NO
	NAME OF	First	Middle	Lest	4. DATE	Month		Day Year
	DECEASED Type or print)	Cora	Hadev	Thomas	OF DEATH	May	7	3 19 61
5. 9	FX 14			B. DATE OF BIRTH	19	. AGE (In years		
		White		Section 1997		lest birthdey)		ys Hours Min.
	Female		WIDOWED DIVORCED	July 22,18		90 yrs.	1.10 CITI7	EN OF WHAT COUNTS
	USUAL OCCUPATIO	N (Give kind of work ing life, even if retired)	106. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Cou	nty & Stete, or	foreign country)	12. СПЕ	IN OF WHAT COUNTS
	none			Ohio			U.	S.A.
13.	FATHER'S NAME	The state of the s		14. MOTHER'S MAIDEN	NAME	TO THE REAL PROPERTY.		
	Toronh	Simcox		Elizabet	h Inini	ni		
15.	The second secon	IN U.S. ARMED FORCE	S?   16. SOCIAL SECURITY NO.   17.		21 200.2	Address		
	Conditions, if eny, geve rise to immediate (e), steting the undicused lest.	e ceuse derlying DUE TO	Cerebral Thrombo Arteriosclerosis	, general.				l week years
NO	PART II. OTHER S	IGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	EN IN PART 1	(e) 19. WAS AUTOPS
FICATION	20e. ACCIDENT WAS	UNDERLYING [7]	20b. DESCRIBE HOW INJURY OCCURE	ED. (Enter netura of injury in	Part I or Part I	II of item 18.)		PERFORMEDI
CERTIFICAT	20e. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY A	CAUSE OF DEATH	POD. DESCRIBE HOW INJURY OCCURE	ED. (Enter netura of injury in	Part   or Part	II of item 18.)		PERFORMEDI
RTIFI	OR CONTRIBUTING [(IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour a.m.	CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Dey, Year	20d. INJURY OCCURRED 20e. PL While Not While fe et work at work	LACE OF INJURY (Home, far ectory, street, office bldg., et	rm, 20f. (Cit	y or town)	(Count	YES NO S
CAL CERTIFI	OR CONTRIBUTING [(IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour a.m., p.m.	Y Month, Dey, Year  19  11 (1) (this hospital	20d. INJURY OCCURRED 20e. PL While Not While	LACE OF INJURY (Home, far sclory, street, office bldg., et an an April 13	20f. (Cit 1961, to 2 P.M, from	May 13	(Count , 19 and on th	YES NO (Stete)  YES NO (Stete)  YES NO (Stete)
CAL CERTIFI	OR CONTRIBUTING [ (IF EITHER, NOTIFY A 20c. TIME OF INJUR' Hour a.m. p.m. 21. I certify the saw the decease	Y Month, Dey, Year  19  11 (1) (this hospital	20d. INJURY OCCURRED   20e. Pt   While   Not While   fe   et work   at work	April 13  at death occured at Attending Phys. 22d. Address	19.01, to	May 13	(Count , 19 and on th	YES NO Solve (Stete)
MEDICAL CERTIFI	OR CONTRIBUTING [ (IF EITHER, NOTIFY A  20c. TIME OF INJURY Hour a.m. p.m.  21. I certify the saw the decease 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  BURIAL, CREMATIO	Month, Dey, Year  Month, Dey, Year  19  at (I) (this hospital d alive on	20d. INJURY OCCURRED 20e. PI While Not While et work at work 1) attended the deceased from Y. 13.,	ADTIL 13  ATTENDING PHYS.  ADDRESS Deer  OR OF INJURY (Home, far string of the bidg., et al.,	1961, to PM, from MED. DIRECTOR [S Head 23d, LOC	May 13  The causes  STAFF PHYS.  HOSPITAL  ATION (City, town)	(Count , 19 and on th Ma L Salis	YES NO Solution No
MEDICAL CERTIFI	OR CONTRIBUTING [ (IF EITHER, NOTIFY A  20c. TIME OF INJUR' Hour a.m. p.m.  21. I certify the saw the decease 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	Month, Dey, Year  19  at (I) (this hospital d alive on	20d. INJURY OCCURRED   20e. PI   While et work   at work     10   11   12   12   12   12   13   14   15   15   15   15   15   15   15	ADTIL 13  at death occured at ATTENDING PHYS.  ADDRESS Deer	1961, to PM, from MED. DIRECTOR [S Head 23d, LOC	May 13  The causes  STAFF PHYS.  HOSPITAL  ATION (City, town)	(Count , 19 and on th Ma L Salis	YES NO

TO HOSPI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed the fours after death. Page 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should

And the state of the same of t The state of the s OR DVer.ss vint File x will be made \* D. E. U e ino DOME anua afficacia xoomic descowas a contract of the Peaule Corey inthoses Atme, Mid. Control of the state of the sta . Billion and the first ten of war. the section of the se Jacob to 12 144 Close Frieder Anne, Md. CHARLES W. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

The Distance of the State of th A MARKET STATE OF THE PARTY OF Deal Island Comment of the wall will

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINE FOR STATE 1. PLACE OF DEATH and director. Page d for your files. Board of Health, a. COUNTY a. STATE MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) retained he State E Tangier St 516 Tangier St NAME OF Middle Sherionie to the DECEASED the (Type or print) BOWN COOR OF RACE 8. DATE OF BIRTH with 5. SEX 7. MARRIED NEVER MARRIED may 2 wit 1, 2, and 3 ge 5 may and 2 will hours WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Giva kind of work thin 24 hours after Give Pages 1, 2, orm PM3. Tage 5 106. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if retired) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William 15. WAS DECEASED EVER IN U.S. ARMED FORCES? i" in pencil in Item 18. C Office along with form burial-transit permit. Fi smoval, and in any eve 16. SOCIAL SECURITY NO. (Yes. no. or unkown) | (Ifyas givewer or datas of servica) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: removal, and Interstitial pneumonitis IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) "pending" geva rise to immediate causa 10 DUE TO certificate, writing the word "pending reded to the Chief Medical Examiner? IECTOR: Page 3 should be used as gent, prior to burial, cremation, or re (e), steting the undarlying causa last. CERTIFICATION 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy MEDICAL lease execute the certific should be forwarded to FUNERAL DIRECTO death resulted from: Accident Suicide Natural causes Homicide designated ACTUAL SIGNATURE EXAMINER'S DEPU NAME (Typa) S 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) 240 g Green Acre Cem. 5/6/61 Burial VS. A15ME

Birth while to chy Aus 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission) b. COUNTY Maryland Wicomico

c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) d. STREET Salisbury . IS RESIDENCE ON A FARM? YES NO Month Dev Year DEATH 19 AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours 22. CITIZEN OF WHAT COUNTRY USA Tucker Gloria Tucker, Salisbury, Md INTERVAL BETWEEN ONSET AND DEATH Hours PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES X NO . 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) 20f. (City or town) (County) (State) Inspection Inquiry and in my opinion Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Addrass (Streat, city, town, or county) 22d. LOCATION (City, town, or country) (Steta) Salisbury, Md 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE DATEMAY 1 5 '61 arthur & Krous 5M 9/60 Thornton B. Jolley, Salisbury, Md 082162.XV

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VR A1S (4) 1SM 9/S9

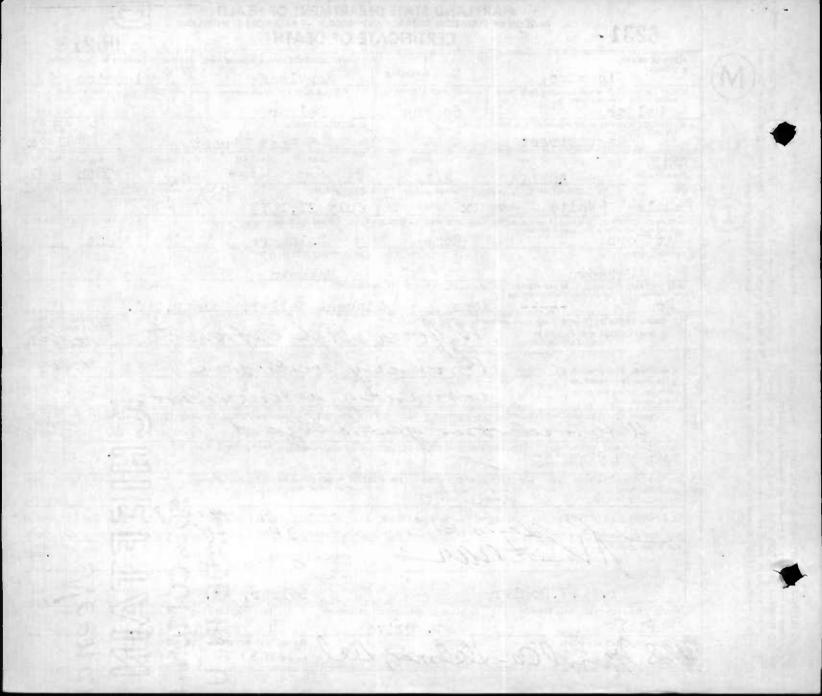
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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06218

1. PLACE OF DEATH  o. COUNTY  W1	comico		MARYLAND		o. STATE  Marylai		b. COUNTY		efore adm	nission)
RURAL ond give ne			c. LENGTH OF STAY IN 18		c. CITY OR TOWN (IF	outside corpo	orote limits, write R	11		wn)
OR INSTITUTION	at (If not in hospilot, o		address)		d. STREET ADDRESS  5 Eas	st St	reet		ON	RESIDENCE A FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Mon		Day	Yeor
(Type or print)	ADEL	IA	ELLA	V	INCENT	DEATH	Mark		28th	1961
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	] B. D.	ATE OF BIRTH		9. AGE (In years last birthdoy)	Months Do	_	7
Female	White	WIDOWE	D DVORCED	J	uly 27,18	873	87 yrs.	Williams Do	lys Hou	75 PMIN.
100. USUAL OCCUPATION during most of work At Home	ting life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote		country)		OF WHA	T COUNTRY
13. FATHER'S NAME				14	I. MOTHER'S MAIDEN	NAME				
Unk	nown				Unknow	n				
1S. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	INFOR			Add	ress		
(Yes, no. or unknown) NO	(If yes, give war or dates of s		None	Vir	cent Wal	ler,	Delmar,	Md.		
Conditions, if of gove rise to it couse (o), stating lying couse lost.	the under-	) ) )	Corona	r	y och	Pusi en o	ou cler	ori,	4	lur
ass	les significant con	ara	CONTRIBUTING TO DEATH B	ich.	rage	ed		EN IN PAKE I	PER	FORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUP	RRED. (E	nter noture of injury in	Port I or Po	rt II of item 1B.)	•		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	20d. It While of wor	Not while	PLACE foctory.	OF INJURY (Home, for , street, office bldg., et	m, 20f. (Cit	y or town)	(Cou	nty)	(Stote
21. I certify that saw the decease 220. SIGNATURE	1	l) attend	led the deceased frame 19 / and tha			M, fram	the causes an		ate stat	22b. DATE
22c. PHYSICIAN'S	1.0-3	21	un	M.D.	ATTENDING A D	MED. DIRECTOR	STAFF PHYS.			SIGNED
NAME (Type)	. L.V.Sol	hler			Delr	nar,	Md.			
23a. BURIAL, CREMATIO REMOVAL (Specify)	N. 23b. DATE THEREO		23c. NAME OF CEMETERY			23d. LOCA	ction (city, town,		(\$	Stote)
20 UNERAL DIRECTOR		7,	ADDRESS	/	1100 11	D BY REGIS	TRAR 25b. REGI	STRAR'S SIGN	ATURE	



# FOR STATE HEALTH DEP

## MARYLAND STATE DEPARTMENT OF HEALTH

	SICKE DESCRIPTION	CII MIND RECORDS,	DOI WILLIAM S	THEFT, DANIELING IN	ALTO-LEG B MO-CLAN
6232	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	06219

1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where daceesed lived, If Institution: Residence before admission)
	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporeta limits,   c. LENGTH OF	WEIVISH
write RURAL and give neerest town)	
Salisbury (Rural) d. NAME OF HOSPITAL OK INSTITUTION (if not in hospital, give street	Salisbury (Rural)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street	address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Develope Bank	
Dagsboro Road	Day Stories House
DECEASED	OF
(Type or print) Olive Beulah	Ward 5-2-61 19
5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MA	RRIED   B. DATE OF BIRTH   9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
- Tr.	Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINES:	T-TT-1031
done during most of working life, even if retired)	3 OK INDUSTREE II. BIKEFIELD (State of foreign country)
Seamstress Factory	Mardela, Md, USA
Seamstress Factory	Mardela, Md. USA
	7 7 11
Thomas Donoho  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURI	Mary Budd
(Yes, no, or unkown)   (Ifyesgive wer or deles of service)	Husband: Mr. Harry Ward -Dagsbore Rd.
No	Salisbury, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), a	nd (c).]
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0) Compound	fracture of skull: fractured Sudden
8/0X DUE TO CORVICAL	spine
Conditions, if any, which (b)	
geve rise to immediate cause	
(a), stating the underlying	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
LY .	YES NO TES
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY  PRIMARY AD OF CONTRIBUTING   CAUSE OF DEATH.	OCCURED. (Enter nature of Injury in Part I or Pert II of item 18.)
20a. EXTERNAL CAUSE WAS PRIMARY D OF CONTRIBUTING	
I TO THE OT C	
0 200	(State) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m.	
	TITELLINES DESTITUTE TO THE
21. I certify that I took charge of the remains describe	d above, held an Autopsy , laspection I Inquiry . and in my opinion
death resulted from: Natural causes . Accident	C. Suicide . Homicide . Undelermined manner
610	CHIEF MEDICAL EXAMINER
ACTUAL / Your &	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE	M.D.
EXAMINER'S Earl L. Royer M.	D. DEPUTY MEDICAL EXAMINER T 5-4-61
NAME (Type) 407 Camden Ave.	Seliship oddres (Meet, city, town, or county)
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF	CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete)
REMOVAL (Specify)	
Burial 5-4-61 Parso	ons Cemetery   Salisbury Mo.
20, Tortakia Billadion	MAY 9 '61
Holloway and Co. Salisbu	ry Md DATE

TO DEPUT: MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any death, a necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your tiles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 frout after death. VS. A15ME 5M 9/60

(Imput) vyrodal [al] insumit, all and and typedon's nastranuod mandage to the country of the for built out has been . noing loo une but his howland was Yoursview. 8: 30 A. V. al-il-gl [1] of his stomas to all and will be seen as a TANKEL TO BE STOCKED BOOK OF THE LOCKED BOOK OF THE ha dollowsy and Co. Sallobery, Md. C. at the Bl 6233

06220

(M)	1. PLACE OF DEATH o. COUNTY	Wicomico		MARYLAN		o. STATE Mary	Where decease	b. COUNTY	on: Residence be	efore admiss	ion)
	b. CITY OR TOWN RURAL and give	(If outside corporate limined town). Salisbur		ENGTH OF STAY IN	16	c. CITY OR TOWN (	If outside corpo	orote limits, write R	URAL and give r	nearest town	) z .
090	d. NAME OF HOSP OR INSTITUTION Spring H			tarium		d. STREET ADDRESS		oga Str	eet	e. IS RES ON A YES	IDENCE FARM? NO K
Ė	3. NAME OF DECEASED (Type or print)	CARRI	E	MARIE		HITELOCK	4. DATE OF DEATH	Mor M.	AY 2	20th	
orier de	s. sex Female	6. COLOR OR RACE White	WIDOWED	DIVORCED		ay 20.18	195	9. AGE (In years lost birthdoy) 66 yrs.	Months Doy	_	Min.
2001	10a. USUAL OCCUPAT during most of wo House W:  13. FATHER'S NAME	ON (Give kind of work of rking life, even if retired) Lfe	done 10b. KIND	None None		Willard  Millard  Mother's Maidel			U S	A A	OUNTRY?
T		Mitchell			1	Theodor	ia We	lls		501	
eveni	1S. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		AL SECURITY NO.	Y INFO	DrydenW St. Sali	hiteld sbury	ock(Husi Maryla	pand)20	00 Sa	ratoga
or remayor, ond in o	Conditions, if gove rise to couse (o), stoling lying couse lost	immediate DUE TO	)	Mu	th	Gentro	rku	mole	stais	NSET AND	/
cremono,	CATIC	THER SIGNIFICANT CON  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)		HOW INJURY OCCU					VEN IN PART 1(o	PERFO	NO K
rd burnar,		RY Month, Day, Yes	N/A ar 20d, INJUR While of work	Not while	e. PLACE foctory	OF INJURY (Home, for street, office bldg., N/A	form, 20f. (Cit	y or town) N/A	(Coun	ty)	(Stote)
Health prior		at (I) (this haspital	110	the deceased from 1900, and the		h accurred at	150 to	5120 the causes ar	nd an the do		we) last abave.
	22c PHYSICHAN'S	AUDI	lle		M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS. [	May 202	//19	SIGNED
State Board of		Or. Henry A						er - Sa			
the Sto	REMOVAL (Specif		1961 23c	Parsons		etery	Sa	Lisbury	Maryla		e)
12	HOT.T.OWAY	R'S SIGNATURE	Y SAT	ADDRESS	VARV		MAY 25		STRAR'S SIGNA		

the attending physician and completely filled in by the funeral director. Then please remove carbon popers. Pages 1 and 2 should be filed with may be resorted by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages 1 and ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 has

fter death. Poge 4

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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17.11									
1. PLACE OF DEATH o. COUNTY	icomico		MARYLAND	2. USUAL RESIDENCE (W	here deceased	lived. If institution b. COUNTY	W1con		ion)
b. CITY OR TOWN (If RURAL ond give pe	outside corporate limi arest town) Blisbury	ts, write c. t	ENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpore		URAL ond give r	earest town	1)
A NIAME OF HOSBIT	AL (If not in hospital, g	spital	ess)	d. STREET ADDRESS	/illage	11.211			FARM?
3. NAME OF DECEASED (Type or print)	VIRG	st	PRETTYMAN	WILKINS	4. DATE OF DEATH	Mon MA		Îth	Yeor 19 61
s. sex	6. COLOR OR RACE White	7. MARRIED [	NEVER MARRIED DIVORCED	B. DATE OF BIRTH Feb.8.1877		last birthdoy) 84 yrs.	Months Doys	-	ER 24 HRS. Min.
Retired F	ing life, even if retired	done 10b. KINI	of Business or Indu	W1com1co	Co.Mai		12. CITIZEN	S A	OUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
Elisha P				Sarah E.D	lcker	som			
15. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of s		IAL SECURITY NO. MY	s. Annie H. W	ilkins	s(Wife)		nd	
Conditions, if or gove rise to in couse (o), storing lying couse lost.  PART II. OTH  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	the <u>under-</u> DUE TO	)	RIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	VEN IN PART 1(o)	PERFC	AUTOPSY DRMED?
	CAUSE OF DEATH MEDICAL EXAMINER)	N/C	HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port	II of item 18.)			
Y 20c. TIME OF INJURY Hour o. m. p. m.	N/C 19	or 20d. INJUR While of work		LACE OF INJURY (Home, fari actory, street, office bldg., et N/C		or town)	(Count	(y)	(Stote)
saw the deceas 220. SIGNATURE 22c. PHYSICIAN'S		5-11	lis Jr	death accurred at	M, fram t	5-/1 he causes an STAFF PHYS. □ r Sal		3/19	abave. b.DATE GIGNED
230. BURIAL, CREMATIO REMOVAL (Specify) BURIAD 24. FUNERAL DIRECTOR HOLLOWAY	May 14,	1961	ADDRESS	rg Cemetery				(Storylan	

VR A15 (4) 15M 9/59

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AND THE OXAL	MAH DITESAL		

1	t 6	ems 18-21 Film 289 MARYLAND STATE DAPARTMENT OF HEALTH
FOR STATE	,	6235 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 67376
HEALTH DEET	Ϋ.	PLACE OF DEATH   2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission
Page les.	1	Wiconico MARYLAND . STATEND b. COUNTY Workester
our file of H	14	b. CITY OR TOWN (if outside corporate limits, write BURAL end over neeres (own) write RURAL end over neeres (own)
is dire	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  d. STREET ADDRESS  e. IS RESIDENCE ON AFARM?
funer funer ained State sath.	3.	NAME OF O First Middle Last 4. DATE Month Day Year
h. If a lo the se ret se the ter de	-	(Type or print) aldean Williams DEATH May 29 1961
death may k	5	SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH  8. DATE OF BIRTH  9. AGE (In years   UNDER 1 YEAR IF UNDER 24 HRS. last birthdey)  Months Deys Hours Min.  WIDOWED DIVORCED Sebte 2.7.1959
and 3	do	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 SIRTHPLACE (State or breign country) 12. CITIZEN OF WHAT COUNTRY
hours ages 3. Pages 1 ges 1 thin 7	13.	Serles, M. 9.5, 77
in 24 Sive P in PM ile pa		Robert Williams Trancis Showell
h forr mit. Fi	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  s, no, or unknown) (Ifyesgivewerordetesofservice)  Address  Address  Address  Address  Address
ocuted a ltem if per in an		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]
and and		IMMEDIATE CAUSE (e)
in pe in pe Office burial		Conditions, if only, which by Acute poisoning by ingestion of Strychnine 1 hr.
ding" Jer's (as a las a		geve rise to immediate cause (e), stating the underlying  DUE TO
ifica mirria sed n, o	7	cause lest. (c)
ord "gard Example or all Example or	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATTE BUT NOT RELATED TO THE TEXMINAL DISEASE CONDITION GIVEN THE PART THE PERFORMED?  YES NO
The w Medic Should	CERTIFI	20e. EXTERNAL CAUSE WAS PRIMARY   0r CONTRIBUTING   CAUSE OF DEATH.  Ingested mothers low blood pressure tablets
riting Chief See 3 buri	NCAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)  Hour e.m. While Not While factory, street, office bldg., etc.)
Ne Par	MEDI	- p.m 19 et work et work home Worc. Md.
Dricate Price		21. I certify that I took charge of the remains described above, held en Autopsy X. Inspection, Inquiry, end in my opinion
Certification of the certifica		death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER
MED orwa orwa		ACTUAL ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
U	W.	EXAMINER'S DI 1 DEPUTY MEDICAL EXAMINER \$ 5-25-6
Should Frun	22e	NAME (type)  Address (Street, city, town, or county)  BURIAL, CREMATION, 22b. DATI/THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)  (Steje)
5 g 4 6 9	23	Burea 5/31/61 showell Cernelly Showell Md.
VS. A15ME 5M 7/59	7	Jenry X. Walson Focemoke City, Med DATEJUN 9 '61 and S. Thomas
	-	

THE REPORT OF THE PARTY OF THE ANTHONY DESCRIPTION TO BELLEVILLE OF THE STATE OF T Marie Comment 1977 H. 1976 Charles all which the The same of the sa er death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haug

MARYLAND STATE DEPARTMENT OF HEALTH

MAIDIOIA	Or	SIMIISHEME	KESEMKI	UII A	IAD	KECC	KUS	
		CE	RTIFIC	CA	TE	O	F D	

	623	6		CERTIFI	CATE	OF DEATH				OMICO  and give nearest town)  e. IS RESID ON A F YES 3  Day Ye 28 15  NDER 1 YEAR IF UNDER This Days Hours 2. CITIZEN OF WHATCO U.S.A*  INTERVAL BETTONSET AND E ONSET AND E  (County)  (County)  The date stated of the date	22	
	1. PLACE OF DEATH a. COUNTY Wicom			MARYL	AND	usual residence (Wa. STATE	land	b. COUNTY	Wicom	ico		
	b. CITY OR TOWN (III RURAL and give ne	arest town)	its, write	c. LENGTH OF STAY IN	ч 16	Salisbur		prote limits, write R	RURAL and	give neo	rest taw	n)
	d. NAME OF HOSPIT		ive street 1 Hos	oddress)		d. STREET ADDRESS Quantic					ON	SIDENCE A FARM? NO
	3. NAME OF DECEASED (Type or print)	ERNEST		Middle ELTHU		WILLIAMS	4. DATE OF DEATH	Mor 5	nth	Da		Year 19 61
	5. SEX Male	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED  DIVORCED		ct. 3,1878		9. AGE (In years lost birthdoy) 82 yrs.	IF UNDE Manths			ER 24 HRS Min.
	FR 4 7 7	N (Give kind of working life, even if retired Farmer	dane 10b.	Owner		Marylan  Marylan  Marylan	d	auntry)	12. CI			
1	Samuel	A. William				Elizab		Phipp				
1	15. WAS DECEASED EVER Yes, no, or unknown) {	IN U. S. ARMED FOR If yes, give war or dates of a	ervice)	SOCIAL SECURITY NO. 17-36-0099	Mr.	RMANT Boyd Willi	ams, S	ame	Iress			
		TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ty, which (t) n mediate	BY	ne for (o), (b), and (c).	ieern	ionia,	A	cuts				
	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	operos	7	CONTRIBUTING TO DEAT	iios	derotie C	orono	my arter		RT 1(a) 1	PERF	ORMED?
	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Ye	While	NJURY OCCURRED  Nat while k at work		OF INJURY (Home, forey, street, affice bldg., et		y ar tawn)		(Caunty)		(State
	The second second	t (I) (this haspita ed alive an M	A.1 7	ded the deceased f		MAY 7. 19					state	
	22c. PHYSICIAN'S	omos C	11	lief of.	M.C	22d. ADDRESS	AED.	STAFF PHYS.			L	SIGNED
-	23a. BURIAL, CREMATIO REMOVAL (Specify) Burial	or. Thomas		23c. NAME OF CEMET		REMATORY	23d. LOCA	Salisb TION (City, town, Lisbury, M	or caunty		(Sto	

TO HOSPITA VR A15 (4) 15M 9/59

Salisbury, Maryland Hibl & Johnson Toman F. Baker

24, FUNERAL DIRECTOR'S SIGNATURE

25a. REC'D BY REGISTRAR
DATE UN 2 '61

256. REGISTRAR'S SIGNATURE avilua S. Krous

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution, Residence before admission) Page a. COUNTY Health, b. COUNTY director, Page Wicomico Wicomico Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) writa RURAL and giva nearest town) jo Salisbury Salisbury 0 Por Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral pencil in Item 18. Give Pages 1, 2, and 3 to the funeral pfifice along with form PM3. Page 5 may be retained four intel-transit permit. File pages 1 and 2 with the State Bo oval, and in any event within 72 hours effect death. YES NO X Camp. Jersey Road Scott's Camp. Jersev Road NAME OF 4. DATE Middla Year DECEASED OF (Typa or print) DEATH Louis Wood 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days Hours Min. WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if ratirad) ONE SEURS A 13. FATHER'S NAME U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yas, no, or unkown) | (Ifyesgive war or datas of servica) Office along with IEDICAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive cardio-vascular renal disease Years DUE TO removal. (b) Diabetes Mellitus Years Conditions, if any, which gava rise to immadiata causa 10 "pending" Medical Examiner's DUE TO (a), stating the undarlying SE o cause last. used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)1 CERTIFICATION PERFORMED? 8 please execute the certificate, writing the word 4 should be forwarded to the Chief Medical ETO FUNERAL DIRECTOR: Page 3 should be NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | burial. CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) Month, Day, Yaar (County) (Stata) factory, streat, offica bldg., atc.) Whlle Not Whila at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X Inspection and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE designat DEPUTY MEDICAL EXAMINER Royer 5-8-61 EXAMINER'S DEPU NAME (Typa) OF CEMERA OR CRIMATOR 22d. LOCATION (City, town, or country) 107 Camden 22a. BURIAL, CREMATION, (State) 2 REMOVAL (Spacify) 6 EMOVA 23. FUNERAL DIRECTOR VS. A15ME arthur S. Kraus 5M 7/59

See 2 Traited (CEET altas) Not teated (End altas) DOOR The state of the s ment reasonly comercustive average of branch sylenesses and and a audiffed patecalt extern Electric services and finished for the services of the service Buckle Charles of the Self-Like Harris Strategy of the Control of the Self-Like Self-L Toursell State of The Living Supering Control of the Control of th